

# **BILLINGS OVULATION METHOD**

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## **A METHOD OF PLANNING THE INDIAN FAMILY**

By

**CATHERINE BERNARD, M.B., B.S.,**

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**Tamil Nadu Family Development Centre**  
**TIRUCHIRAPALLI-620 017**  
**SOUTH INDIA**

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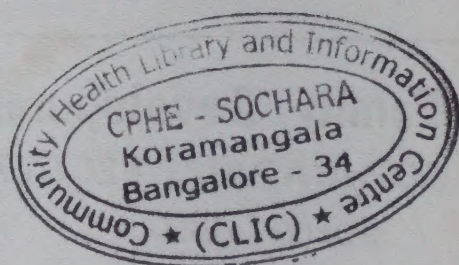
**Tamil Nadu Family Development Centre**  
**TIRUCHIRAPALLI-620 017**  
**SOUTH INDIA**



WILLING COULATION METHOD  
A METHOD OF PLANNING  
THE  
INDIAN FAMILY

By

CATHERINE BERKARD, M. A.



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## FOREWORD

The primary motivation of those who promote and teach natural family planning is to help men and women to appreciate their individual dignity and so to develop maturity of their personalities, to increase their self-respect and thereby their respect for all human life. Fundamental to the achievement of this objective is the establishment of a stable, happy family life based on love, respect and generosity between the husband and wife, and between the parents and their children.

Those families which become strong will be able to help others which may for the present time be weak. Thus there will be a consolidation of happiness and peace within society based on truth and justice, giving promise of the consolidation within the nation of an acknowledgement of the freedom and inestimable value of each of its members.

We are all anxious to work for the welfare of the citizens of our own countries, helping our Governments to introduce and sustain those economic and social measures which are likely to be of benefit to all citizens. Beyond that we wish to act as a leaven within society; manifesting the universal brotherhood of mankind by mutual co-operation and efforts to assist each other by international activities.

There is need for all married couples to be informed about fertility regulation, so that they can use the knowledge to achieve or avoid pregnancy, according to their needs. This will assist them to be at peace with their sexuality and ready to develop



sound concepts of what is meant by responsible parenthood, the exercise of which begins with the conception of the child or the temporary avoidance of pregnancy, and extends through the years during which the children are reared and nurtured.

For too long the problems of fertility regulation have been considered as regional or even national problems, instead of being recognised as being essentially problems of individual couples. If we apply ourselves to the solution of the problems of individual couples with appropriate compassion and knowledge, there will no longer exist a great, amorphous problem of a multitude. How wonderful it would be if we could teach people with power in government to understand that!

How wonderful also it would be if we could help these same people in government to look at the body of evidence which is now incontrovertible, that the techniques of natural family planning can be used to resolve all the problems of which arise in this area of fertility regulation, and that persistence with the current birth control programmes – the “contraception–sterilisation–abortion package” – can result only in continuing physical harm and moral corruption. These birth-control techniques involve either a perverse distortion of the sexual act or the introduction of some medical or surgical procedure which produces its effect by the production of a serious biological disturbance which cannot fail to cause harm. What is even worse, modern research is tending more and more to the refinement of methods of procuring abortion. Abortion (like slavery) brings shame and depravity to any society which tolerates for what it is, a detestable measure which is ultimately a threat to every individual.



Most of all, we will serve our own country best by proclaiming that the strength and vitality of a nation comes from its young people, and that if there are to be young people there must be babies. The nations which will become the most prosperous are those which do not restrict their birth rate too drastically. The truth of that fact is already evident in western society where an excessive reduction of the birth rate has created serious social problems because of the imbalance of age groups within the community. We must not think that the baby is another mouth to feed, but as one who is providing another pair of hands to fashion a better world.

We must work to disseminate information about the modern scientific developments which have enabled us to establish natural family planning on a secure basis. We can help people to overcome the misunderstandings which have been created by terminology with a strong contraceptive (anti-life) bias where every child that is conceived is regarded as some kind of failure. We must encourage the people in government to trust their own people, to know in this way they can promote responsible behaviour and earnest co-operation in building for the future.

The Ovulation Method (Billings) has been the subject of intensive scientific research during the past 20 years. A woman who has been given competent instruction in the Ovulation Method is able to identify the various phases of the menstrual cycle, including the phase of fertility and the time of maximum fertility; she is able also to recognise infertility in the absence of ovulation and thus provide for those circumstances which were previously beyond the scope of Natural Family Planning, such as breast-feeding, when ovulation may be suspended for a considerable length of



time. The integration of the ovulation with breast-feeding provides a wonderful synthesis of what has been provided by nature for both mother and child; by encouraging the mothers to breast-feed, a reliable spacing of pregnancies is achieved and the child is enabled to thrive. Until now the usefulness of breast-feeding as a method of fertility regulation has been almost entirely neglected by those who promote the birth-control programmes, because they were never able to know when the woman was likely to experience a return to fertility; we are able to tell them.

The rules of the Ovulation Method have been worked out very carefully, first by clinical studies and then by scientific research of various kinds. The monitoring of cycles by measurement of the pituitary and ovarian hormones, laboratory studies of the cervical mucus itself and more recently sonar techniques which enable us to identify as precisely as possible the moment of ovulation. It is certainly desirable that the teaching techniques be refined, simplified and adapted for different cultures. At the same time it is to be remembered that the simplification of teaching techniques does not mean a modification of the rules of the method, because the rules are correct and those who change the rules must recognise what they are doing, that they are reducing the true effectiveness of the method; this is betrayal of the trust given to us by the people we are teaching and is also a betrayal of our responsibility to the method itself.

The most effective of all human endeavours are those which are the outcome of a working partnership between men and women. Men and women are complementary to each other not only in their physical sexuality, but also in their psychology, their sensibility. The teaching of the



intimate detail of the cervical mucus pattern is essentially a woman-to-woman exercise but the husbands, doctors, marriage counsellors all have an important teaching role, particularly in demonstrating that the choice of natural family planning involves accepting the cycle of the woman, and thereby accepting dialogue, reciprocal respect, shared responsibility and self-control. In this context, the couple experience a growth of those virtues which strengthen conjugal love, provide a deep understanding and respect for human sexuality and establish family life in peace and happiness.

Dr. Sr. Catherine Bernard Haliburn has proved herself to be an excellent teacher of the Ovulation Method and a most efficient organiser and co-ordinator of teaching centres. This account of her work is an important contribution to the literature of Natural Family Planning and will provide useful resource material for all those who seek to emulate her achievements.

J. J. Billings





# **BILLINGS OVULATION METHOD**

## **A Method of Planning the Indian Family**

### **Preface :**

The concept of population has assumed greater importance in recent years in the world at large and in India in particular. Leaders all over the world have done well to lay stress on the need to plan each family in order to plan the country as a whole in relation to the available resources. It is in this background that different methods of family planning are being promoted and used.

Natural methods of birth regulation have gained popularity by virtue of its effectiveness, simplicity and reliability. For this reason the number of couples using the Billings Ovulation Method has witnessed a steady increase.

This book deals with and explains in detail the impact of Natural Family Planning and the Ovulation Method in particular on the users.

Part One considers the training of local leaders for the promotion of N. F. P. In doing so, it lays down the quality of an effective leader as essential to the work for the cause of N. F. P. Further more it highlights the value and importance of support systems being offered to the local field workers to sustain their motivation in order to continue to motivate couples to accept N. F. P.

Part Two enumerates the psycho-social aspects of N. F. P. as experienced by 500 couples who have been using the OM for a period varying from one year to over three years. It also focusses on the effectiveness, usefulness and the impact the method has on the married life of the couple as expressed by the 500 couples chosen for the purpose of this study.

Part Three elaborates on the impact of the NFP program in 6 Dioceses in Tamil Nadu. It highlights the merits, and benefits a Natural Method has over all other methods of Family Planning as realized by 1000 users who were considered for the purpose of this study.

Charts and data are presented in the form of tables wherever necessary, to provide a clear and easy understanding of the results of the study.

These studies were undertaken by the Director of The Tamil Nadu Family Development Centre. They are retrospective in that it has been taken from the available material, in terms of users and charts, rather than a pre-selected group. This has thereby economised on research expenditure, where the economics for the specific research procedure has been minimal.

These studies are unique in that it has explored areas that have almost been untouched in NFP research procedure and it is hoped that The Tamil Nadu Family Development Centre will continue to prove that a Natural Method and in particular the Billings Ovulation Method is a most suited method of birth regulation for the Indian Family.

Tiruchirapalli  
INDIA

CATHERINE BERNARD.  
21st June 1982.



## GLOSSARY OF TERMS

- Impact** : Overall effectiveness in terms of acceptability, continuity and success rate.
- Diocese** : Ecclesiastical area that is governed by a Bishop.
- Acceptors** : Couples who decide to use NFP as a method of birth regulation.
- Facilitators** : The NFP field workers at parish level
- Natural Family Planning** : Methods based on the physiological observations of the fertile and infertile phases of the menstrual cycle and may be used for achieving or postponing pregnancy. The four NFP methods are (1) Rhythm (Calendar), (2) Temperature (B. B. T.), (3) Sympto-Thermal (S-T), (4) Ovulation Method - Billings.
- Billings Ovulation Method** : The method based on the recognition of vaginal mucus secretion that indicates the time of fertility.
- Planned Pregnancy** : A deliberate choice of the couple to pregnancy by having coital relations during the fertile time of the menstrual cycle.
- Method - related Pregnancy** : From the available evidence the method was used to avoid pregnancy. The instructions for avoiding pregnancy were properly applied and yet a pregnancy resulted.
- User - related Pregnancy (Informed choice pregnancy)** : From the available evidence the method was used to avoid pregnancy. However, the days of fertility were used for coital relations, because the client knowingly misapplied the instructions of the method.





## ACKNOWLEDGEMENTS

*I would like to express my appreciation and gratitude to the many people who have contributed to this book. To Dr. John and Dr. Evelyn Billings, of Melbourne, Australia who originated the Ovulation Method and helped spread it throughout the World, and for consenting to write the foreward to this book.*

*To Misereor-Germany and Indo-German Social Service Society for providing the funds for implimenting the NFP Project in Tamil Nadu - India. Their assistance has enabled us to intensify our outreach effort throughout the state.*

*To the Diocesan Directors, Co-ordinators and Extension Staff of the T. N. F. D. C. for their whole hearted collaboration and contribution of data that has made this book possible.*

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**Sr. Dr. CATHERINE BERNARD**





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**PART I**

**LOCAL LEADERSHIP IN  
NATURAL FAMILY PLANNING  
PROGRAMMES IN RURAL INDIA**





# **LOCAL LEADERSHIP IN NATURAL FAMILY PLANNING PROGRAMMES IN RURAL INDIA**

## **INTRODUCTION:**

Local leaders occupy a primary place of importance in the promotion of Natural Family Planning Programmes. This place of importance is theirs for more than one reason. Whatever be the method of Natural Family Planning adopted, it is a continuous on-going process which requires adequate motivation and a clear understanding of the method desired to be used. It is in its own way totally different from the use of contraceptive methods where in the human relation element is not fully involved. They are quite often nothing more than a 'buy and use' process. Where as, in advocating NFP, the greatest emphasis is laid on the all round welfare of the family more than a concentration on birth control. It is a method of education – educating the couple to realize, observe and appreciate the developments in their physical being and based on this they are enabled to plan the family. It does require a regular guidance until one is sure enough to follow the method independantly. At each stage of this process, we see the involvement of the human element and the personal touch which a local leader has to develop and subsequently maintain in his efforts to promote NFP.

It is also assumed that for couples to practice NFP, they must have correct and authentic information from a person or organisation whom they trust and who are easily accessible to them while maintaining frequent contact with the centre. Therefore, the location, screening, selection and training of committed persons forms an integral part of the propagation of Natural Family Planning in rural India.

Implementing a programme involving local leadership with team and group approach is not a new concept. As explained above it is considered of vital importance in family planning programmes.

A sincere attempt has been made in this paper to discuss the experience gathered at the NFP section of the Tamil Nadu Family Development Centre which has dedicated itself in the development of tools for :

1. Out reach programmes in rural India.
2. Evaluating the educational methodology for enlisting peoples collaboration.
3. Participation and involvement of the people themselves in total education programmes.
4. To train dedicated men and women to explore the crucial issues facing human sexuality and the sanctity of life which seem intent upon destroying the very foundation of marriage and family life.
5. Creating a positive environment for a renewed appreciation of God's gift of sexuality and growth in an understanding of conjugal love, which engenders in couples a sense of responsibility for one another and for a new life, which they have the power to create.

6. Encouraging couples who have realized human values in their own lives to carry on and are willing to assist others in the simple straight forward and meaningful approach to responsible parenthood.

## **ORGIN AND NATURE OF THE STUDY :**

In order to aid the successful implementation of these above mentioned objectives, a project aimed at involving local (village) leaders for promoting NFP was started at the Tamil Nadu Family Development Centre initially as early as 1976. In a period of less than two years, it was extended to villages covering a population of.....3,72,67,685.....

In the initial stages of this project, the director of NFP of the Tamil Nadu Family Development Centre undertook an elaborate and extensive field study to identify the specific areas of work in which the local leaders were to be involved in.

Findings and field experience were carefully examined to decide upon the quality of local leadership approach. Experience in this field indicated that people were aware of the different family planning programmes and the various techniques of contraception. In spite of their up to date knowledge of the various artificial methods of birth regulation, only a very small proportion of the population had adopted to the contraceptive methodology.

In two studies carried out, the following data indicated that a large percentage (70.4% and 94.1%) of the 500 and 1,000 couples respectively, interviewed out of the rural population were not using any method of family planning. Even these people have now come to accept NFP for reasons of adverse side effects of contraception, for cultural and religious motives.



**TABLE 1: TABLE SHOWING PREVIOUS METHODS USED  
(STUDY I ON 500 COUPLES)**

Methods	Number	Percentage
Rhythm	65	13.0
Temperature	2	0.4
Condom	33	6.6
Loop (IUD)	4	0.8
Coitus Interruptus	36	7.2
Oral Contraceptive	8	1.6
Diaphram	—	—
Foam Tablets	—	—
No Method	352	70.4
Total	500	100.0

**TABLE 2: TABLE SHOWING PREVIOUS METHODS USED  
BY 1000 COUPLES**

Methods	No.	%
Condom	27	2.7
Loop	4	0.4
Pills	10	1.0
Rhythm	6	0.6
Others	12	1.2
No Method	941	94.1
Total	1000	100.0

Tables I and II indicate that a large percentage of the population has been using no method at all.

However, despite the wide range of couples using no method of birth control, there is in every village, a section of the population already in a state of preparedness to adopt NFP, because of their dislike to use contraceptive methods.

Information and education of NFP, does not spread easily in the early stages of the programme. Scepticism and shyness prevent them from speaking about it. Once the couple has experienced and realized its value for a period of 4-6 months, then the message spreads rapidly - especially among men.

Studies indicate that early acceptors of the programme are by and large, people with low education and essentially rural and of the lower income group. Further more, experience has shown that these simple people not only respond positively to the programme but willingly participate in the programme itself and depending on circumstances may be selected for training programmes. It has also been observed that they gradually grow past the initial barriers of shyness and embarrassment in talking about matters regarding sexuality.

It was evident that a clinical approach to promoting NFP was not the adequate way since family planning is not a medical problem. However, some rural dispensaries offered to collaborate in the programme by giving NFP as part of the antenatal routine education. Clinical approach could not be adopted as clinical facilities reach a very small segment of the population while family planning needed to be provided to a vast population. Hence it became clear that 'out-reach' programme was a more useful approach. For this purpose, carefully selected and trained workers was considered to carry on the extension services on a wider scale.

The realization of 'out-reach' approach was based on providing services to the people where they are and thus improving the worker-client ratio.

Providing this out-reach and leadership approach implied a more defined mechanism for identification, selection of workers and for sustaining their motivation while they continue their work.

Under these broad headings we will discuss the activities of the project. A careful selection of workers is essential for the successful implementation of the programme. The worker must be adequately motivated to the need of family planning in general and NFP in particular or at least be open to the training to be received.

### **PRE-REQUISITES FOR SELECTION OF LOCAL LEADERS :**

A person who undertaks the teaching of the Ovulation Method should be suitable, competent and interested in the work. She should further more be trained, know the method thoroughly, be convinced of its effectiveness, reliability and applicability. She must be competent in recognizing the symptoms and must have the ability to chart the observations correctly.

Women who are infertile, having reached menopause or have had hysterectomy must demonstrate a comprehension of the mucus symptoms through past experience, a knowledge of the rules and their application and an understanding of charting.

For the method to be taught correctly it is essential that teachers should be well motivated, confident in the method, as a successful and sole means of family planning.

She / they should be willing, enthusiastic and dedicated to the success of the method and the total welfare of the couples being instructed.

She / they should be meticulous in providing full instruction and adequate follow up services.



She / they must recognize the responsibility involved including the need for complete confidentiality.

She / they must have the capacity to impart their knowledge to others and inspire confidence.

She / they must demonstrate the attitude to read and impart charts correctly.

She / they should be willing to undertake a full training course set out by the regional centre and willing to be assessed regarding her / their ability to promote and teach.

She / they should be prepared to attend refresher courses organized by the regional centre.

When a woman trains herself alone as a teacher, her husband must agree to this training.

If the teacher is a married person, she must be using the method to plan her family. This is necessary for the successful communication of the method and successful following of the method. Following the method in one's own life helps to build up confidence in the method.

Teachers of the Ovulation Method have a responsibility to teach the method, well to teach the method confidently, with tolerance and patience. Many couples will be anxious, hence choice of words is important. Unfamiliar terms can cause worry and confusion to the client. It is important therefore, while communicating the method, that the client be considered as an individual, unique person ( couple ) and a relationship be established between the teacher and the client.

## **TEACHER – CLIENT RELATIONSHIP :**

Every client must be considered and treated as a human person. This principle is extremely important in getting the message of NFP across to the client.

The basic human needs of clients in such a situation necessarily need to be taken into account. For example, when a local leader begins to work, priority needs of the local people may be different from those of his own. At times, their needs could be varied-viz-health, economical, education etc. Our experience has shown that once a family planning worker is able to identify and/or help the people recognize their own needs, the implementation of family planning programmes by the educators is more rapid and more successful.

Linked up with other development programmes they are also able to sustain interest in family planning. This enlists the co-operation of the people themselves.

The local leaders are also given appropriate training :

1. To accept each man or woman practicing in NFP as individuals with difference in feelings, outlook etc.
2. To accept them as persons of worth, with dignity, regardless of the person's dependance, weakness, failures and short comings.
3. To develop a sympathetic understanding of and response to the feelings expressed.
4. Neither to judge nor to condemn the client for the difficulty in which the client finds himself / herself.

5. To give the clients the freedom of making their own choices in decision making concerning their life.
6. To remain faithful to the confidence the client has placed in the local leader. The client like any other human being may not like a publicity to his problems and much less exchange his reputation for the help he will receive.

The clients allow the teacher the privilege of becoming involved with them by assisting in a very serious and extremely intimate aspect of their lives. This is a two-way relationship. One of the basic human needs is to help people; so the teacher, in giving service to the clients, is able to fulfil this need.

The approach to every couple, and to every individual will vary from couple to couple and from marriage partner to marriage partner. Each situation and problem will need to be encountered individually, and each client met in the context of his/her situation.

In the teaching of natural family planning methods, the approach will vary according to the individual situation and requirements eg.

1. The engaged and recently married couple who have to learn and make it their way of life right from the first years of their marriage.
2. Couples who have completed their families but who are suddenly faced with an unplanned pregnancy.
3. Couples who have a serious responsibility for avoiding pregnancy either due to ill health, economic reasons or others.



The teacher must have a non-judgemental attitude as the client is able to sense it and this can create a barrier to openness and acceptance. The principle that every man has the right to follow his own conscience should be remembered. The teacher must try to understand the client in the complete life situation he / she is placed in.

It is matter of vital importance in the philosophy of those who promote Notural Family Planning that there is complete respect for freedom of action on the part of the husband and wife. They are free to use the method as long as they wish to do so, to use it carefully or carelessly as they wish and to abandon it at any time.

It is essential that every client be assured that complete privacy is maintained with respect to his / her personal life.

The teacher must refrain from asking questions that are not relevant to the case at hand, as it would be an intrusion into the privacy of the client.

Listening to the client is more important than asking too many questions.

The teacher has the responsibility of recognising and accepting his or her own limitations and of always working within his or her capacity. Clients requiring professional assistance should be referred to the respective persons.

Difficulties can arise even from routine cases, and the teacher may become aware that the relationship is not satisfactory and in the interests of the client, should refer the client to another teacher.

An atmosphere of cordiality should prevail and confidentiality should be maintained in the NFP centre, in the interests of the client. Each teacher must become strikingly aware of the reality of the individual person and the dignity of human life. The principles of the teacher client relationship seem simple; to practice them is difficult.

## **LOCATION, SCREENING AND SELECTION OF LEADERS :**

For the well known fact that NFP essentially is a programme which depends on the motivation, calibre and human relation established by the local leaders with the people, there is an urgent need to train more such persons for the promotion of NFP. However for obvious reasons, the number of local leaders is more or less limited to the present level. The workers are taken in only when some vacancy falls. However, applications for the post of local leaders are received throughout the year. The applications so received are filed and from time to time, depending on the vacancy new men and women are called for interview on the basis of their bio-data sent with the application.

All potential leaders both male and female are interviewed. The interview deals with all areas of family life eg. health, nutrition, personal well being, personal beliefs regarding family planning and Natural Family Planning. If the applicant is a married person and / or couple are selected for interviews. They are interviewed separately and later as a couple. Their motivation is assessed and their willingness to use the NFP method in case they are selected.

Preference in selection is given to women/couples because of the nature of the programme and methodology to be taught-which is better communicated on a woman – woman or woman to couple basis.

## **TRAINING :**

The men and women so selected are allotted an area in most cases, within their home dioceses, to work for the cause of NFP for two weeks with the local leader of the place to gain on the field practical knowledge of the work. Later they come to the Regional Centre for a period of one week during which they are provided with adequate facilities to gain theoretical knowledge on NFP through lectures, personal studies, slide shows, group discussions and on the field experience sharing. During this period and even later, the library at the Regional Centre and the large collection of slides, talks and other relevant information on NFP recorded on cassetts is fully at their disposal to make use at their convenience.

Over and above these the director and the dedicated staff at the Regional Centre make themselves available to the leaders undergoing training by instructing them and clarifying their doubts help them to have a clear understanding of the NFP techniques and use the Motivation – Discussion – Decision making process effectively and to use a planned educational approach in reaching out to the people of the community successfully and with a spirit of dedication and commitment. At the end of this training programme as well as during the course of the programme, the trainees are assessed continuously in their understanding of the method and their ability to teach others the same.

The purpose of this mode of evaluation is not to classify the teachers as poor, good or excellent. It is done with the best of motives to help each teacher to find out how much of the subject he / she has grasped and to take remedial steps and to devote extra attention where it is needed.

## **PLACEMENT :**

When a teacher's performance in these assessments is satisfactory, he is posted in a specified area within his/her diocese to work for the cause of NFP. The Tamil Nadu Family Development Centre takes care to allot the home diocese to most of the teachers for the simple reason that Tamil Nadu, though one state, includes a diversity of people with differences in outlook, bound by traditions and customs and with variations in social and cultural behaviour. Therefore, it is felt essential to make the teacher feel at home in a place he knows about and with the people he can relate to with ease and at the same time find himself comfortable with the work he / she does. This is also important with reference to the work he does as in the given conditions of Tamil Nadu, it is a delicate area of the peoples lives to talk about sex and family life. Therefore the people will also find it easier to confide in a local person and talk over matters freely. Besides these, it also brings home the benefits of a local person being a leader and teacher more than an outsider being in that position however competent he/she may be.

After being assigned to a place of work, the teacher becomes directly accountable to the Diocesan unit of the Tamil Nadu Family Development Centre for the work he / she does. He is also informed about and put into contact with the available NFP educators in their areas to benefit from a sharing of each others experience and thereby paving the way for mutual co-operation.

## **WORKS STYLE OF LOCAL LEADERS :**

An outstanding feature of the programme is the continued interest in the frequent evaluation of its efforts. The key to this evaluation process has been the monthly reporting of the diocesan centre's data which are processed and consolidated at the Regional Centre.



Started in 1976, the system now works basically as follows : Each month every centre in the programme sends one copy of its report to the Diocesan Centre, which in turn sends the consolidated report of the workers to the Regional Centre. At the Regional Centre the data is processed and tabulated. The late reports are included in the cumulative figures of the month's tables. The system works well.

## **WORKING RELATIONS :**

It is essential for the efficient functioning of the organization that there must be good relationship between the Diocesan / Regional Centre and subordinates. The good relationship generates team spirit which is necessary in the organisation and facilitates maximum results being achieved.

## **CONTACT WITH LOCAL CENTRE :**

Along with detailed information on duty performance and work progress, each facilitator is in contact with the local diocesan centre every month. The field visits of the co-ordinator facilitates supervision. The frequency of contacts also helps to narrow down communication gaps and facilitates better understanding. Furthermore, the programme animators from the Regional Centre visit each facilitator and field spot once in two to three months.

The periodic and regular reporting systems facilitate data collection and maintain the stability and continuity of work. Each worker visits the Regional Centre once a year, while the co-ordinators maintain contacts more often directly with the Regional Centre which facilitates better implementation of the project.

## SUPERVISION AND FOLLOW UP :

As mentioned above, each local leader is accountable to the Diocesan unit of the Tamil Nadu Family Development Centre. This is carried out by the local leader sending regular reports to the Diocesan Centre, which, in turn sends a consolidated report of all the local leaders in the diocese to the Regional Centre. This report, in addition to any other method of check a Diocesan Director may adopt within the powers vested on him serves as an effective measure of supervision of the work done by the local leader.

In any category of work it is essential to keep the workers abreast with upto knowledge in the field of their work. Therefore, in our system of working too, all the local leaders in a diocese get together for a day in each month under the guidance of the diocesan director to discuss common problems and to share their experiences with their work. It also gives them an opportunity to meet each other as leaders working towards a common purpose.

The Regional Centre, organises a week long refresher course once in every six months – one year for the local leaders from the various dioceses. This gives them upto date information of the various methods and provides them with an opportunity to benefit from the experiences of leaders coming from different parts of the state and in addition to this – such meetings serve as a building up session as also problem solving sessions as the experts at the centre help the leaders confront, analyse any difficulties they had come across from time to time in their style of work.

The last of such refresher courses cum renewal seminars was held in May 1982 spread over a period of three weeks and the local leaders were divided into three groups and each group attended this seminar for 3 days. Although this three week period

of operation and heavy schedule of activity at the centre was a taxing one given the limitations at the centre, it was carried out successfully. The local leaders were divided into three groups as it was desired to give importance on the need for individual attention on the local leaders.

Research forms an integral part and an area of utmost importance in any field of work. Greatest care has been taken to assess the needs of the people and their attitude to the NFP. It has helped us to structure our approach accordingly. Likewise, a study was carried out with some of the local leaders who had assembled here for the refresher course in May 1982. The main purpose of this study was to find out the effectiveness of the training they have received and the usefulness of their periodic meetings at the Diocese and the Regional level.

For the purpose of this study, 31 local leaders were chosen on a purposive random sample basis. Due care was taken to make sure that the samples were as near representative of the group as possible.

Some of the findings of this study were :

## **TRAINING :**

As regards the training they have undergone at the Regional Centre before they become regular facilitators, a overwhelming majority ( 90.3% ) say that the training has equipped them sufficiently well for their work. However, the remaining 9.7% feel that the duration of the training programme could be increased to cover subjects like spirituality, psychology and sex education. They feel the need for these particularly in reference to their working conditions where they are called up – on to deal with people totally ignorant of the physical and psychological developments in them. The Regional centre is seeking the aid of experts in these fields to fill up the gap.

All the 31 respondents unanimously assert that the training provided at the Regional Centre is not limited to cover only knowledge of the various NFP methods but it goes a long way and concentrates on the all round development of the person and develops in them the leadership qualities required to function as dedicated and responsible persons. All these, they say, has helped their personal growth.

There is again an unanimity of opinion when all the respondents assert that the approach programme formulated by the Regional Centre and implemented by the local leaders provides for the total development of the person, couple and the family in general and the marital relationship in particular.

### WORK APPROACH :

The local leaders form the back bone of the programmes as they are in direct relationship with the couples who use the natural method of birth regulation. On account of this established relationship with the clients and by virtue of their experience in their working conditions, they have the most reliable and up to date information on the factors that influence the acceptance of Natural Family Planning in rural India.

When asked to spell out the major influencing factors—they feel that peoples' ignorance about the Natural methods, non-cooperation from the husbands and a large number of women already sterilized are the major hindrances in the acceptance and spread of the method. The details of other factors which influence are given below in the order of their decreasing degree of influence in Table 3.

As the table below indicates, peoples' ignorance about the natural methods which account for the largest per centage of response once again drives home the point that there is a lot of ground for further activity to promote Natural Family Planning methods.



The near total negative ( 93.6% ) response which says that a dislike for contraceptive methods does not influence the acceptance and practice of Natural Family Planning methods explains that people in most cases do not adopt Natural Methods out of dislike for contraceptive methods but for what a Natural Method is worth in itself.

TABLE 3 : FACTORS INFLUENCING THE ACCEPTANCE OF NFP METHODS

Factors of Influence	Response	No.	%
Peoples' ignorance about the NFP methods	Yes	23	74.2
	No.	8	25.8
Husband's non-cooperation	Yes	23	74.2
	No.	8	25.8
Wife's Objection	Yes	11	35.5
	No.	20	64.5
Lack of motivation	Yes	20	64.5
	No.	11	35.5
Customs and Traditions	Yes	7	22.6
	No.	24	77.4
Religious Beliefs	Yes	3	9.7
	No.	28	92.3
Long distances to be covered	Yes	15	48.4
	No.	16	51.6
Lack of Transport facilitates	Yes	15	48.4
	No.	16	51.6
Large number of women being sterilized	Yes	22	71.0
	No.	9	29.0
Dislike for contraceptive methods	Yes	2	6.5
	No.	29	93.5

## **SUPPORT EFFORTS GIVEN TO EXTENSION STAFF :**

Of the 31 local leaders considered for the purpose of this study, 22 (71.0%) are of the opinion that the monthly meetings of the local leaders at the Diocesan level contribute to sustained motivation. But the remaining 9 (29.0%) respondents feel that it does not do so. The main reason being that these meetings mostly serve as a chart preparation and record submitting session. They suggest that these meetings could be better organized and a greater emphasis laid on the importance to meet other fellow workers and frankly share one another's experience and also discuss problems of common interest.

It is heartening to note a overwhelming unanimity in response when all the 31 (100.0%) respondents assert that their periodic visits for refresher courses at the Regional Centre and for other reasons constantly contributes to their better performance. Some of the major fields in which it has proved very helpful are :

- It helps to clear doubts.
- It provides an opportunity for them to learn about the style of operation of the other local leaders and the problems faced by them as well as their approaches in tackling these problems in the various places of their work.
- To learn from the positive and successful achievements of fellow workers.
- They feel that such periodic visits to the regional centre enables them to learn about the achievements of the local leaders working in other dioceses which in turn develops a very healthy competition in them to do better.

- Besidea these above mentioned ways in which they benefit from the regional centre, they enjoy the greatest benefit in being able to meet the experts at the Regional Centre and discuss special cases and abnormal situations confronted by them in their area of work and find the appropriate method to tackle the same.
- With all the above mentioned visits and training programmes at the Regional Centre aid them to brush up their knowledge of the method and at the same time learn of the new developments of the method and the approach.

Lastly, when asked whether they feel the need for any change in the existing structure of operation at the Diocess or Regional level and to suggest the change needed if so desired - 23 local leaders ( 74.2% ) are of the opinion that the existing structure does well in its efforts to promote NFP. Whereas the other leaders ( 25.8% ) feel that some changes at different levels would facilitate better working conditions and as an outcome, achieve better results as well. Some such changes suggested are :

- Under the present structure individuals go to meet the couples ; it is suggested that all the local leaders belonging to a particular area may work as a group and adopt a team approach in meeting couples.
- The local leaders also look forward to better co-operation from the local pastors. They feel that if the pastors come forward to introduce the local leaders to their parishners and in the schools run by the diocese, they would be better accepted and their approach would carry more weight.
- It is also suggested that one day seminars could be held in each parish once in a month with the co-operation of the local pastors.

- The Regional Centre has done well in providing each Diocese with a collection of slides on NFP methods for use in the promotion of NFP in rural India. But the local leaders feel that these slides are not used effectively. Hence, it is suggested that a better utilization of these slides could help achieve better results.

## QUESTIONS UNDER REVIEW

The project is fully aware of the alternatives in the process of involvement of local leadership in Natural Family Planning programmes. These questions relate to the process of selection of leaders, training of leaders, system of follow up, efforts to maintain adequate motivation in the programme.

Is it possible to secure adequate satisfaction in the selection and screening of local leaders? Is there the possibility in spite of rigidity in screening that the candidates fall short of the needs and motivation required for an NFP worker? Is there the need to compromise in selection, that in the process of training the motivation of the trainee would change to that required for the Natural Family Planning worker? Is there the likelihood of missing the real and most suited candidates? How far and how much care the director of the programme allows for improved motivation? Can intelligence and good rapport with clientele replace for good motivation or vice versa? What would be the ideal duration time for the local leaders training camp – the number of participants?

It is not possible to give a tailored answer to the questions above – but our experience shows that adequate motivation and/or openness to further motivation in regard to Natural Family Planning is pre-requisite for selection. This motivation with average intelligence would be an important criteria for selection with an ability to relate to people. It is also a matter of gaining experience in the training of NFP workers, that the Director of the programme will gain expertise in future programmes.



The importance of sustaining motivation and on-going training cannot be over emphasised for the successful implementation and continuity of an NFP programme. Using mass media communication alone in the promotion of NFP is inadequate as it lacks the personal contact with clientele ; so essential for the successful use of the method promoted.

## **CONCLUSION :**

It is hoped that more experience and research materials will be gathered in due course to enable and more critical examination of the various facets of local leadership approach as well as the need and system for making it part of an over all and total approach ( Educational ) programme.



## **PART II**

### **CLIENT SATISFACTION OF INDIAN COUPLES USING THE BILLINGS OVULATION METHOD**



## **PART II**

# **CLIENT SATISFACTION OF INDIAN COUPLES USING THE BILLINGS OVULATION METHOD**

## **SECTION I**

### **INTRODUCTION**

If one takes a look at the world both in the West and in developing nations, the simple fact that one experiences is that more and more married couples are becoming interested in Natural Family Planning and following up their initial interest with their mutual commitment to use only a natural method for birth regulation in the future.



An important question now arises : Why are so many couples becoming dissatisfied with contraception and sterilization ? and on the other hand why an increasing number of couples are seeking a fertility control method which is natural ? There is certainly no single reason for this. Every couple will have their own reason. However from couples encountered both in India and abroad there are number of reasons that lead people to experience an ever increasing dissatisfaction with contraceptive drugs and devices and as a solution decide on the choice of a natural method.

The reason for this trend can best be understood in the advantages and merits of a natural method of fertility control over all other technical methods of fertility control in practice which is mentioned earlier have proved to be a sign of dissatisfaction, failure and above all a sign of discontentment to many who use them.

In this light of understanding we find that a natural method :

1. Respects culture, tradition and religious beliefs
2. Has no adverse side effects of complications
3. Is safe, simple, effective and economic to use and to teach

4. Can be effectively used by women of different levels of education, intelligence and by women living in different social conditions and varied cultures and during any phase of reproductive life.
5. Is appropriate to the psychology of marriage; fosters marital harmony and co-responsibility without distorting the sexual act or involving any distasteful procedure.
6. Offers couples total pro-creative choice while maintaining physical and reproductive integrity
7. Is feminine – women consider Natural Family Planning very feminine.
8. Not only helps married people to avoid pregnancy but also to achieve pregnancy when necessary unlike in other methods and this increases its general acceptance
9. Does not depend on regularity of the menstrual cycle.
10. The sexual discipline incorporated by the need for abstinence provides security to the marriage as it demonstrates the capacity of each partner to integrate the desire and urge for sexual expression.

Every one committed to the cause of Natural Family Planning will admit that there are very few studies determining the levels of satisfaction of clients using Natural Family Planning methods. Therefore, it is both timely and necessary to undertake a study of this nature particularly in a developing country like India.

It is in this perspective that this study was undertaken by the Tamil Nadu Family Life Centre, Tiruchirapalli, South India

## OBJECTIVES OF THE STUDY :

The main purpose of this study is to evaluate 'Client satisfaction' of couples using Natural Family Planning in general and the Billings Ovulation Method in particular in the state of Tamil Nadu.

The objective of this study can be split up and pooled under the following headings for a detailed evaluation :

1. To determine the general characteristic of the study population with reference to their age, occupation and level of education
2. To assess the ability of the respondents to understand, to confide in and to follow the Ovulation Method as a Method of Birth Regulation for achieving or postponing pregnancy.
3. To determine the satisfaction of the couple in the choice of the Ovulation Method as a Method of Family Planning with emphasis on the purpose for which they chose this method and how successful it has proved to be.

The influence of these four aggregate variables in regard to client satisfaction is not totally independent as these variables are influenced by the total social milieu of the area. To understand such a complex phenomenon, it is preferable to consider the whole approach as a process, subdivided into several divisions and each analysed separately as well as collectively. Such an approach enables one to understand the connection between the acceptance of a natural method of Family Planning, couple satisfaction and the successful use of the method for either achieving or postponing pregnancy.

An attempt has been made in this study to highlight the impact a Natural Method of Family Planning can have on the conjugal life of the couples which in turn can sustain their motivation and deepen their attitude with regard to openness and respect for life.

## **MATERIALS AND METHODS:**

The total number of couples who contributed to this study were 500. Of these 179 (35.8%) had been using the Ovulation Method since 9 months, 184 (36.8%) since one year, 122 (24.4%) since 2 years, 9 (1.8%) since 3 years, and 6 (1.2%) for over a period of 3 years.

The Questionnaires were administered through the facilitators who form a part of the organisational structure of the Tamil Nadu Family Development Centre and maintain direct contacts with the clients. 100 such facilitators were chosen on a stratified random basis, stratified according to the diocese they belong to and each received 5 questionnaires on completion it was returned to the Regional Centre where the data thus collected was processed and consolidated.

The facilitators were trained by the author in July 1978, and provided for their continuing education in 1979. Hence the content of the training has a common denominator.

## **PRESENTATION:**

The first section of this study is devoted to the timeliness and importance of a graded and Educational approach to Family Planning. This approach involves concern for the married life of the couple, while helping them to plan their families, through fertility awareness which is the key to fertility control.



Section II is devoted to a discussion on the work-style of the Natural Family Planning Staff in the region of their operation and the support services provided by the Regional Centre.

Section III discusses the characteristics of the study population and asserts that lack of formal education, and better living conditions are not a barrier to the adoption of the Ovulation Method.

Section IV deals with an analysis of the ability of couples to understand and follow the Ovulation Method and assesses the results achieved by the users after having used the Ovulation Method for a period of time.

The last section is devoted to the analysis of certain problems, their implications and limitations for the spread of the Ovulation Method both in the state and India at large.

## **SECTION II**

### **WORK STYLE OF THE NATURAL FAMILY PLANNING STAFF**

An important factor which may affect the performance of a Natural Family Planning worker and acceptance of Natural Family Planning is the work style. This includes assigned area of work, locating couples, method of approach, visits and techniques used to motivate couples and importance attached to the follow up visits.

The method of approach in motivating couples to adopt Family Planning and Natural Family Planning in particular is essentially an out-reach effort i.e. educating couples in fertility awareness and Responsible Parenthood. This includes topics on marriage, family life, social life, child care, health and economic conditions. The need for birth regulation and methodology of Family Planning consequently follow highlighting the details on Natural Family Planning and contrasting them with contraceptive techniques.

## **AREA OF WORK :**

Each worker is assigned approximately one district with an approximate population of one Hundred Thousand (1,00,000)

## **THE OVULATION METHOD :**

The teaching of the Ovulation Method is in accordance with the orthodox teaching of the Ovulation Method - Ovulation Method Reference Centre - Melbourne (Australia)

## **CHARTING :**

The charting of the method ( observation ), have been adapted to local conditions. The women are informed to keep a daily record of her observations, with a red and green pencil, on a small chart with a complete description of the mucus pattern (emphasis being laid on the quality and type of mucus) Red indicates menstruation or spotting, green indicates dry day and a stick figure indicates mucus day. The peak day is marked with an X. The teacher keeps a duplicate chart of the client.

Illiterate women mark with colours and with either a vertical or horizontal line which indicates the quality and type of mucus. The record is marked at night. This helps the husband and wife to identify the state of fertility or infertility and decide accordingly.

The women is reminded that each menstrual cycle is an individual cycle, She is taught not to match any two cycles. She records what she observes and follows the rules of the method.

The couple is encouraged to maintain their chart until they are confident of their ability to follow the method correctly without a chart. This is decided under the guidance of a trained and competent teacher. However, they are encouraged to maintain their charts for a minimum of one to two years after which they become autonomous.

Of the 500 couples enlisted into this study, there were 266 (53.5%) maintaining their charts, while 234 (46.8%) were no longer marking their charts since they had become autonomous.

### **FOLLOW UP OF CLIENTS:**

The follow up of clients using the Ovulation Method is maintained on an individual basis. This follow up is maintained every 15 days for 3 months, and later once a month for 9 months. This manner of follow up could also be an important reason for better performance, facilitating continuity and success rate with regard to the using of the method.

### **REGIONAL SUPPORT SYSTEM WITH REGARD TO**

### **OUT-REACH PROGRAMMES:**

For the efficient functioning of the organisation and for maximum results to be achieved, it is essential that a good support system be established between the Regional Centre and the Diocesan out-reach programme staff. This support generates team spirit, builds up confidence and facilitates efficiency and quality of work.

Along with detailed information on duty performance and work progress, each facilitator is supported by the local co-ordinator from the Diocesan Centre, through work assignment and periodic supervision. Further support is facilitated by the Regional Centre through programme animators who visit each facilitator and area of work once in two to three months. During these visits, problem areas are assessed and the necessary assistance provided.

These support efforts are not only welcomed by the Natural Family Planning Staff, but also have proved to be both necessary and beneficial.

### SECTION III

#### CHARACTERISTICS OF THE STUDY POPULATION

An essential approach for the acceptance of Natural Family Planning is to incorporate an 'Education of the person for Responsible Living'. This approach appeals to and recognises and focuses on the essence of dignity thereby bringing about the motivation necessary to accept and follow a method that fosters the same approach.

The following analysis is based on the characteristics of the acceptors with regard to age, occupation and education.

#### AGE DISTRIBUTION:

Fertility is generally high among married women in the age group of 20 to 35 years as compared to other age groups.

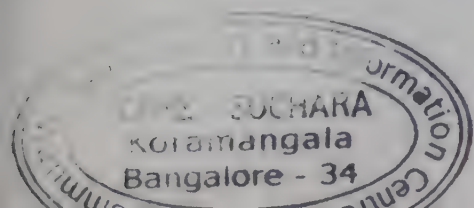




Table 1 given a detailed picture of the number of wives and husbands who have practices the Ovulation Method, studied separately under the different age groups.

TABLE 1. AGE DISTRIBUTION

Age Group	Total number of persons			
	Wives		Husbands	
	Number	%	Number	%
15 - 20	21	4.2	—	—
21 - 25	99	19.8	16	3.2
26 - 30	178	35.6	87	17.4
31 - 35	129	25.8	172	34.4
36 & above	73	14.6	225	45.0
Total	500	100.0	500	100.0

The above table indicates that the largest number of women (35.6%) who have accepted Natural Family Planning belong to the age group 26-30; while in the case of the husbands, (45.0%) in the age group of 36 and above. From this table, it could be inferred that in this part of India women adopt Natural Family Planning Method during a period when their fertility rate is higher than at any other stage.

It is advantageous that the younger the couple is, the better it would be for them to adopt NFP as a method of birth regulation.

## OCCUPATION :

Though agriculture is the predominant occupation in the rural areas of the State of Tamil Nedu, a fair percentage of the rural population migrate to the towns and cities for education and skilled labour occupations. The reason for most couples in towns and cities being employed seems to be the high cost of living. However, 58% of the wives and 3.2% of the husbands considered for the purpose of this study were unemployed.

TABLE 2. OCCUPATIONAL STRUCTURE

Occupation	Total number of persons			
	Wives		Husbands	
	Number	%	Number	%
Skilled workers	143	28.6	237	47.4
Unskilled workers	67	13.4	247	49.4
Unemployed	290	58.0	16	3.2
Total	500	100.0	500	100.0

The above table gives a descriptive occupational structure of the 500 couples chosen.

The low rate of unemployment of husbands and a high percentage of women of unemployed brings to light the prevalence of the age old custom of only husband being the bread winner of he family in this region.

## EDUCATION:

Of the total respondents 54 (10.8%) women and 37 (7.4%) men had no formal education. The majority of acceptors 50.6% women and 58.6% men have had formal education for 11 years and more. This leads to the logical conclusion that as far as the 500 couples studied from Tamil Nadu are concerned, there is a direct relationship between the level of education and the ability or willingness to accept NFP. Although the Ovulation Method is simple and easy to understand even to be practiced by the illiterate of the illiterates, we find a definite trend that higher the level of education, greater is the degree of acceptance and vice versa. This is considered a notable characteristic of the study population.

Table 3 sets out the break up of the level of education and the number of acceptors belonging to each group.

TABLE 3. EDUCATION

Education	Total no. of persons			
	Wives		Husbands	
	Number	%	Number	%
No education	54	10.8	37	7.4
1 - 5 Years	73	14.6	57	11.4
6 - 10 Years	120	24.0	113	22.6
11 Years & above	253	50.6	293	58.6
Total	500	100.0	500	100.0

The analysis of these three characteristics viz. age, occupation and education put together we find that Natural Family Planning is acceptable to all categories of people irrespective of their age, occupational structure and level of education although there is a variance in the degree of acceptability.

## **SECTION IV**

### **ACCEPTABILITY AND CLIENT SATISFACTION IN USING THE OVULATION METHOD**

It is always interesting to learn more about the functions of the human body. The management of the fertility processes is dependant on the information about the physiological events that occur in both man and woman during the years of reproductive life.

Understanding and following the Ovulation method depends on a woman's enlightened observations of her physiology during each menstrual cycle. These physiological signs which can be recognised by the woman are the basis of the Ovulation Method. Well documented research exists in medical literature which shows the close relation between the ovulation and the peak mucus symptom (References: Billings, Brown and Burger, Casey, Flynn and Linch, Hilgers and co-workers). The cervical mucus provides a complete method of defining days of infertility, possible fertility and maximum fertility.

#### **UNDERSTANDING THE OVULATION METHOD :**

The following analysis demonstrates the ability of the woman to understand the physiological indicators of fertility and infertility.

Of the 500 couples assessed 95 (19.0%) women were able to understand details of the method after the initial instruction while 145 (29.0%) took two sessions and 138 (27.6%) took three sessions to understand the same. The remaining women took four or more sessions to understand the instructions.



**TABLE 4 : UNDERSTANDING THE PHYSIOLOGICAL  
CHANGES DURING THE MENSTRUAL CYCLE**

No. of Teaching Sessions	Number	Percentage
1	95	19.0
2	145	29.0
3	138	27.6
4	59	11.8
5	24	4.8
6	39	7.8
Total	500	100.0

The fact that a vast majority of the women respondents (75.6%) were able to understand the details of the method in 3 or less sessions proves that the method is simple and easy to understand and practice.

#### **ABILITY TO UNDERSTAND AND FOLLOW THE OVULATION METHOD AS A METHOD OF BIRTH REGULATION :**

Understanding the basic physiological changes that take place in each menstrual cycle, does not guarantee the ability to be able to interpret these changes and follow the specific rules relevant to the method.

However the simplicity of the Ovulation method, enables women not only to understand but also to observe the cervical mucus pattern thereby providing her with the basic knowledge of the Ovulation Method. It does not take long for a couple to learn and to be able to use the method. Of the 500 couples, 429 (85.8%) couples learnt the method and were able to follow it after either the first or second lecture while only 71 couples (14.2%) were unable to understand or use the method even after two lectures.

Table 5 gives the details of the ability of the couple to follow the Ovulation Method.

TABLE 5 : ABILITY TO FOLLOW THE OM AFTER  
THE I OR II LECTURES

Response	Couples	Percentage
Yes	429	85.8
No	71	14.2
Total	500	100 0

Of the 71 women (14.2%) who confessed their inability to follow the method even after listening to two lectures, a notable number (33.8%) said that the reason was their inability to identify the mucus, followed by (29.5%) who said that they could not understand the mucus pattern. These were followed by reasons like – the husband was not interested in, difficult to understand and so on, the details of which and the number of respondents in each category is highlighted in Table 6.

**TABLE 6 : INABILITY OF 71 COUPLES TO USE THE OM  
EVEN AFTER THE I AND II LECTURES**

<b>Number</b>	<b>Reasons</b>	<b>No. of Couple</b>	<b>%</b>
1.	Not interested in	4	5.7
2.	Husband not interested in	9	12.7
3.	Difficult to understand	7	9.8
4.	Unable to understand the mucus pattern	21	29.5
5.	Unable to indentify the mucus pattern	24	33.8
6.	Medical problems	2	2.8
7.	Other reasons	4	5.7
<b>Total</b>		<b>71</b>	<b>100.0</b>

#### **PURPOSE FOR USING THE OVULATION METHOD :**

Of the 500 couples that were enlisted into the study 68 couples were using the method to achieve pregnancy, 192 were using the method to limit the number of children they had, as they had arrived at the desired size of the family and 240 couples were using the method to space the number of children they desire.

TABLE 7 : TABLE SHOWING THE PURPOSE OF  
USING THE OM

Purpose	Number	Percentage
Achieving pregnancy	68	13.6
Limiting pregnancy	192	38.4
Postponing pregnancy	240	48.0
Total	500	100.0

#### PREGNANCY RATE :

Of the 432 couples using the method to space the number of children, 428 (99.07%) couples were able to achieve the desired results. The following table on page 13 indicates the results achieved.

TABLE 8: TABLE SHOWING RESULTS ACHIEVED IN  
POSTPONING PREGNANCY

Pregnancy postponed	Number	Percentage
Yes	428	99.07
No	4	0.93
Total	432	100.00



The attitude of the couple was also assessed with regard to the accuracy of the method for the purpose of postponing a pregnancy. Table 9 gives the details of the same.

TABLE 9 : WAY IN WHICH THE 432 COUPLES USED THE OM TO POSTPONE PREGNANCY

Way in which used	No. of Couples	%
Carelessly	10	2.0
Occasionally	41	8.2
Always	381	89.8
Total	432	100.0

While using a natural method, the couples always retain the freedom to decide on achieving a pregnancy.

The following table indicates the number of couples who used the method to achieve pregnancy and the results achieved.

TABLE 10 : ACCURACY IN ACHIEVING PREGNANCY

Pregnancy Achieved	Number	Percentage
Yes	34	50.0
No.	34	50.0
Total	68	100.0

## PERIOD OF USE OF THE OVULATION METHOD :

Satisfaction and ability to follow a particular method will influence the continuation rate of the 500 couples using the Ovulation Method. The following table shows the length of time for which the couples had already been using the method.

TABLE 11 : DURATION FOR WHICH THE COUPLES WERE USING THE OVULATION METHOD

Duration	No. of Couples	Percentage
9 months	179	35.8
1 Year	184	36.8
2 Years	122	24.4
3 Years	9	1.8
3 Years & abov	6	1.2
Total	500	100.0

The above table explains that most of the respondents were 'new users' of the method as most of them (72.6%) have used it for only a year or less than a year.

## PREVIOUS METHODS USED :

During the extension programme the facilitators had come across 148 couples (29.6%) among the 500 respondents who had used methods of family planning other than NFP before they came to learn about the Ovulation Method. However, most of them expressed dissatisfaction with contraceptives and all of them opted

to use the Ovulation Method as a method of birth regulation when they were instructed on the OM. The greater per centage of acceptors (70.4%) were using no method and so the Ovulation Method offered a very effective solution to them.

Table 12 given below gives the break up of the various methods of birth regulation other than the Natural Methods used by 29.6% of the 500 couples studied before they came to know about the Ovulation Method.

The large number of couples (70.4%) who have not used any method gives us the understanding that there is still much scope and area of operation for the promoters of NFP to cover.

TABLE 12 : TABLE SHOWING PREVIOUS METHODS USED

Methods	No. of Couples	%
Rhythm	65	13.0
Temperature	2	0.4
Condom	33	6.6
Loop (IUD)	4	0.8
Withdrawl	36	7.2
The pill	8	1.6
Diaphram	—	—
Foam	—	—
No method	352	70.4
Total	500	100.0

## CLIENT SATISFACTION

### FERTILITY AWARENESS AND SELF CONFIDENCE :

How a person views herself or himself can be important in terms of the psychology of family planning.

Many women are taking a new pride in learning and becoming aware of the periodic changes that occur in their body and this in many cases gives them a sense of satisfaction and self possession in knowing about their fertility processes.

When the couples were asked to mark their degree of agreement to the statement : 'Fertility awareness has enhanced self esteem', their responses were as follows :

TABLE 13 : FERTILITY AWARENESS HAS ENHANCED SELF ESTEEM

Attitude	No. of Couples	Percentage
Strongly Agree	306	61.2
Agree	183	36.6
Undecided	10	2.0
Disagree	—	—
Strongly Disagree	1	0.2
Total	500	100.0



The simplicity of the Ovulation Method helps for a quick understanding and also for its fast spread; the reliability of the method makes it safe to follow.

In an attempt to assess the ease with which the users understood and began to use the method, they were asked to rank their degree of agreement to a given statement and their response is listed as below :

**TABLE 14 : THE OM IS NOT DIFFICULT TO LEARN**

Attitude	Number	Percentage
Strongly Agree	325	65.0
Agree	164	32.8
Undecided	8	1.6
Disagree	3	0.6
Strongly Disagree	—	—
Total	500	100.0

#### **DISFACTION WITH THE METHOD AND WILLINGNESS TO TEACH OTHERS**

Besides gaining a clear understanding of the method, the couples are expected to use it correctly by following the rules of the method as directed. This necessarily implies being comfortable, happy and secure with the method of their choice.

Being so contented with the use of the Ovulation Method, they would recommend it to others, and also to their daughters and daughters-in-law.

The following table indicates the degree of satisfaction of the couple in using the Ovulation Method and their willingness and determination to recommend the Ovulation Method to their daughters, daughters-in-law and others as a method of birth regulation.

TABLE 15 : COUPLE SATISFACTION AND WILLINGNESS TO TEACH OTHERS

Attitude	Satisfied	Recommend to others	Recommend to daughters and in-laws
Strongly Agree	368 (73.6%)	290 (58.0%)	246 (49.2%)
Agree	123 (24.6%)	170 (34.0%)	166 (33.2%)
Undecided	6 ( 1.2%)	38 ( 7.6%)	72 (14.4%)
Disagree	3 ( 0.6%)	2 ( 0.4%)	4 ( 0.8%)
Strongly Disagree	—	—	12 ( 2.4%)
Total	500 (100%)	500 (100%)	500 (100%)

Though late, there is recently a move in India to break through the shyness of talking about sex in open and of late there is a concerted effort to introduce sex education in schools and colleges. Realising the need for such a vital step, the 500 couples considered for this study were asked at the time of this study to express how far they would recommend the teaching of 'fertility awareness' to high school students along with reproductive physiology; the response was :

**TABLE 16 : FERTILITY AWARENESS SHOULD BE TAUGHT  
IN SCHOOLS AND COLLEGES**

Attitude	No.	%
Strongly Agree	354	70.8
Agree	137	27.4
Undecided	4	0.8
Disagree	3	0.6
Strongly Disagree	2	0.4
Total	500	100.0

### **MARITAL HARMONY AND CO-RESPONSIBILITY**

There is a definite and clear distinction between Natural Family Planning methods (which are essentially fertility awareness and acceptance methods) and contraception which are fertility suppression method (which imply a non-acceptance or a total rejection of fertility in the individual or couple). Hence, Natural Family Planning is different from and not contraception.

Natural Family Planning methods involve both husband and wife and consequently initiates and fosters dialogue. It allows both partners to retain their full fertility potential, pro-creative choice and shared responsibility on either achieving or postponing a pregnancy.

Tables 17 and 18 give details of the ability of husbands to understand and accept the Ovulation Method.

TABLE 17 : YOUR HUSBAND UNDERSTANDS THE OM

Attitude	Number	Percentage
Strongly Agree	280	56.0
Agree	200	40.0
Undecided	18	3.6
Disagree	—	—
Strongly Disagree	2	0.4
Total	500	100.0

TABLE 18 : YOUR HUSBAND ACCEPTS THE OM

Attitude	Number	Percentage
Strongly Agree	277	55.4
Agree	205	41.0
Undecided	14	2.8
Disagree	1	0.2
Strongly Disagree	3	0.6
Total	500	100.0



In family planning, it is one thing to decide on postponing or achieving a pregnancy and it is another thing to keep the marriage intact. The great advantage of NFP is that the two decisions merge into one by keeping the marriage intact while regulating the procreative choice.

The following Table illustrates the details :

**TABLE 19 : YOUR HUSBAND CO-OPERATES IN USING THE OVULATION METHOD**

Attitude	Number	Percentage
Strongly Agree	268	53.6
Agree	213	42.6
Undecided	16	3.2
Disagree	—	—
Strongly Disagree	3	0.6
Total	500	100.0

**TABLE 20 : OVULATION METHOD CONTRIBUTES TO  
BETTER COMMUNICATION BETWEEN  
HUSBAND AND WIFE**

Attitude	Number	Percentage
Strongly Agree	293	58.6
Agree	193	38.6
Undecided	11	2.2
Disagree	1	0.2
Strongly Disagree	2	0.4
Total	500	100.0

### **PERIODIC ABSTINENCE**

A natural method is only a technique, tool that reflects the state of fertility or infertility, in the wife. The real method is periodic abstinence as guided by the available information.

It is one thing to teach a couple the technique and quite another matter to teach them to accept the discipline involved. It is yet another matter to keep the marriage intact while advocating periodic abstinence.

It logically follows therefore that if a natural method is not acceptable, they mean that periodic abstinence is not acceptable to them.

Table 21 illustrates the willingness of the husbands and wives taken separately to accept and cooperate with the abstinence involved in following the Ovulation Method.

TABLE 21 : CAN ACCEPT AND CO-OPERATE WITH THE ABSTINENCE INVOLVED

Attitude	Wives		Husbands	
	Number	%	Number	%
Strongly Agree	271	54.2	276	55.2
Agree	213	42.6	211	42.2
Undecided	7	1.4	7	1.4
Disagree	5	1.0	3	0.6
Strongly Disagree	4	0.8	3	0.6
Total	500	100.0	500	100.0

This high degree of agreement substantiates the above logical conclusion that as the couples have accepted the period of abstinence, they have accepted the Ovulation Method as an effective method of birth regulation.

## SECTION V

### PROBLEMS AND LIMITATIONS

This section lays down in brief some of the major problems faced by the centre, the teachers and the users in their commitment to the cause of Natural Family Planning. An attempt has also been made to highlight their implications on the existing structure of the society in Tamil Nadu. Lastly, few limitations in overcoming these problems are presented with the sincere hope that it will aid in the understanding practice of the Ovulation Method to promote to promote the desired results.

#### PROBLEMS AND THEIR IMPLICATIONS :

1. In spite of the all round advancement that India has experienced in recent years, there still exists a great deal of deep rooted belief in some of the age old convictions while they may not hold good any longer today. For example, adults who live in poverty especially in rural areas see their children as their only treasures and as a sign of security, comfort and solace for them in their later years. To convince them of the vital need to adopt methods of birth regulation to limit or to space their off springs as per the means of the family in the welfare of the family has proved difficult.
2. Peoples ignorance of the physical complications of contraceptive medication, sterilizing operations and the use of intra- uterine devices has posed yet another problem in the fast spread of Natural Family Planning method however safe and easy the method may be.
3. At the initial stage, there is also an idea in the minds of the people, of course, forgetting or not knowing the adverse side effects that sterilization or any other artificial method of birth regulation is a few minutes process where as the Ovulation Method of birth regulation is a time consuming regular process which calls for regularity in observation.



4. Due to the target oriented approach of the Government in achieving the maximum number of sterilization for each year, we find that there is a high percentage of people in the reproductive age bracket who have already been sterilized either as per their wishes in ignorance or at times even compulsorily or forced by circumstances of poverty in order to benefit from the economic sanctions made to those who get sterilized.
5. Tamil Nadu has also witnessed resistance from the higher levels of the society to adopting the ovulation method or for that matter any form of birth regulation. However, the resistance is greater towards the Ovulation Method and any other form of natural method for the simple reason that they have been labelled as the monopoly of the christians and christians are a small minority in Tamil Nadu and India as well. Therefore, there lies a problem here too.
6. Inability to cope with the propaganda circulated in large quantities by the government and the aim it clearly pursues for the purpose of increasing the use of contraceptives, sterilization and legalisation of abortions and above all the temptation in the minds of the poverty stricken families to benefit from the government's monetary benefits.
7. Ignorance of the people regarding fertility awareness and sexuality is another problem. The Indian society closed up from talking of sex openly, makes this situation worse. Therefore, we basically feel the need to prepare the ground in general before one could talk freely of fertility awareness and much less of birth regulation.
8. As mentioned above, to prepare the ground and then to make efforts to instruct the couples on the Ovulation Method is a time consuming slow process.

9. There is a considerable amount of non-cooperation and face to face opposition in some areas with the government. Thanks to the recent developments, there seems a change in their attitude.
10. Deficiency of adequate upto date knowledge of the inter action of social, religious, cultural, economic and historical factors affecting the patterns of behaviour in the traditional families of Tamil Nadu.

### **LIMITATIONS :**

Although we have been able to identify the problem areas to a great extent and understand their implications on the life of the people in this area, there are certain limitations which slow down or hinder our efforts in over coming these problems. Some of them are :

1. Lack of pastoral awareness and inability to accept Natural Family Planning as a method of birth regulation different from the artificial methods and as one not involving any technology.
2. Natural Family Planning is a method, the success of which to a large extent depends upon the personal contacts between the teacher and the client and the regular follow up. Therefore, there is a perennial shortage of trained staff. It is also realized that these personnel must be well motivated so as to lay emphasis on the welfare of the families and not adopt a target oriented approach.
3. Thirdly, the work of the existing personnel does not prove all that easy. Given the Indian condition, a vast majority of the population live in the villages which are totally isolated from each other. To aggregate this draw back, the rural India is yet to witness a need based net work of transport facility. Hence, the work helplessly has to go slow as the distance is covered even on foot.

4. Even if a well motivated staff member over comes these limitations and gets to the village, in majority of cases, all the couples go to work during the day. Hence, it is impossible to meet them during the day and so he/she is left with hardly a few hours in the evening to meet them.
5. The lack of a well integrated net work of local establishments is another limitation worth mentioning.
6. Non-availability of sufficient funds to finance the day to day operations and to break new grounds for action is a major limitation.
7. Lack of adequate communication and publicity of the natural method of family planning is a major contribution to the ignorance of the method among the people.
8. Lack of adequate literature and research material is another limitation.

## CONCLUSION :

Working on behalf of the human community is one of the most challenging opportunities of our times. It enables one to sort out prioritise values, and to undertake the responsibility of assisting couples in their decision making process. This furthers their growth and development while they arrive at decisions that influence the quality and tone of their relationship.

It is in this overall contact of conjugal and family life that The Billings Ovulation Method of Birth regulation has been promoted by the Tamil Nadu Family Development Centre in the State of Tamil Nadu - South India.

**PATR III**

**THE IMPACT OF  
NATURAL FAMILY PLANNING  
IN SIX DIOCESES IN TAMIL NADU**





## **PART III**

# **THE IMPACT OF NATURAL FAMILY PLANNING IN SIX DIOCESES IN TAMIL NADU**

## **SECTION I**

### **INTRODUCTION :**

The rapid increase of population is a threat to the nations' development, as it has a decisive bearing on the achievement of economic, cultural, educational, social and political objectives set forth in the overall development plans. Furthermore, it threatens the very existence of individual families which find it increasingly difficult to provide the growing number of children with the bare necessities required for mere survival.

Aware of this unprecedented growth of population, India was one of the first countries in the world to launch a National Family Planning Programme in 1952. In 1961 - 63 the programme was reorganized and the necessary infra-structure was created for providing a more extended programme. Despite this massive concentration and effort on birth control programmes, there has not been a significant decline in the fertility rate.

An important question now arises: How effective have the birth control programmes been as a means of population control? The population problem is not susceptible to short term action.

It is subject to a long drawn out process - an approach that recognizes and promotes human dignity, human freedom and brings about a responsible regulation of births. There is a great part of the population in India, that does not favour artificial or surgical techniques, and for them an alternate approach and methodology is essential. This is provided through Nature Family Planning, which

1. Respects physical integrity.
2. Respects culture, tradition and religious beliefs.
3. Has no side effects or complications.
4. Is safe, simple, effective, reliable and economic.
5. Can be used by any category of woman - literate or illiterate.
6. Can be used by any woman at any phase of reproductive life.
7. Promotes marital harmony.

There are very few studies in Natural Family Planning carried out in India, hence it is important and timely to undertake a study of this nature. In this perspective, a study was undertaken by the Tamil Nadu Family Life Centre - Tiruchirapalli, South India.

### **OBJECTIVES OF THE STUDY:**

The main objective of this study is to evaluate the impact of Natural Family Planning - in particular. The Billings Ovulation Method of the population in six dioceses in Tamil Nadu.

The impact can broadly be pooled under the following headings:

1. Acceptance - continuity rate (for one year) and success rate for (a) postponing, (b) achieving pregnancy of couples using The Ovulation Method.
2. Impact of work performance of The Natural Family Planning Staff for one year.
3. Study of the socio - economic and impact of N. F. P. on the married life of acceptors.
4. Overall evaluation of the Programme in Tamil Nadu.

The influence of these four aggregate variables with regard to the impact of NFP are not totally independent as they themselves are influenced by the total social milieu of the village. To understand such a complex social phenomenon, it is preferable to consider the whole approach as a process that is sub-divided into several divisions and each each analysed separately as well as collectively. Such as approach enables one to understand the connection between the organized approach, sustained motivation, adoption and success rate of N. F. P.

An attempt has been made in this study to highlight the 'Total Education' approach that influences motivation, sustains, it, thereby influencing the continuity rate and influence of NFP on the married life of the couple.

## **MATERIALS AND METHODS :**

Six dioceses were selected from varying parts of the state, thus giving a varied picture of the socio-economic background of the people. The first 1000 couples that accepted NFP were selected for the study. These couples were taught the Ovulation Method and adopted the method for either achieving, spacing or limiting pregnancy.

The method was used for 12 full months. The end of the 12th month being the cut off point, i.e., August 1978 - December, 1979.

## **DIOCESES SELECTED :**

Tiruchirapalli, Ootacamund, Tuticorin, Madurai, Coimbatore, Kumbakonam. The data was collected through a questionnaire that forms the office retained clients' record kept at the local centre, and a duplicate of which is submitted to the Regional Centre. The details of the record have the basic data requirements of the couple, collected by the facilitators (field workers) who recruited all the couples and maintained the follow-up.



The interviews with couples for collection of basic data were for five (5) months inclusive of the follow-up that was maintained for a one year period.

## **ORGANIZATION OF THE REMAINDER SECTIONS OF THE STUDY :**

The first section of this study is devoted to the timeliness and importance of an Educational Approach to Family Planning, that involves both husband and wife and the impact of a programme of this nature in the state.

Section II is devoted to a discussion on the evaluation of the programme in the state, the organizational set up, the procedure involved in staffing and also the strategy involved in out-reach programmes.

Section III is devoted to the socio-economic background of the acceptors. Education and better conditions of living are not necessary for the adoption of NFP. The study further highlights inter-district variations in adoption in Tamil Nadu.

Section IV discusses the characteristics of the acceptors, the success rate in achieving pregnancy, postponing (spacing or limiting) pregnancy among acceptors of various categories of users of the method over a one year period, and the impact of NFP on the married life of the couples.

In the last section we have tried to examine certain problems their implications and limitations for the implementation of the NFP programme in the state.

## SECTION II

### THE ORGANIZATION AND ADMINISTRATION OF TAMIL NADU FAMILY LIFE CENTRE

For the success of any programme efficient organization is essential for it facilitates better coordination and effective implementation. This section highlights the organization and administrative pattern of Tamil Nadu Family Life Centre – N. F. P. Section.

#### ORIGIN AND LOCATION :

The Tamil Nadu Family Life Centre is a centre for training, research and action in Family Life Programmes. The TNFLC was started on April 2, 1976, with the Rt. Rev. P. Arulsamy, Bishop of Kumbakonam as Chairman of the Commission. Dr. Sr. Catherine Bernard was appointed its first Director. It was first located at the Bishop's House - Tiruchy and since 2nd April 1978, has the permanent location at 37, Allithurai Road, Tiruchirapalli-620017 - India.

The TNFLC has three (3) main objectives :

1. Being respectful of the rich traditions of India and the Country's cultural and religious values and convinced that happy and healthy families are the foundation of a strong nation, the education of the family is undertaken in terms of Family Life Education, Pre - Marriage Education, Responsible Parenthood, Natural Family Planning and Pro - Life Activities.
2. To diffuse human and Christian values through research in the various disciplines and publications for the building up of healthy and happy families.
3. To create a positive environment for a renewed appreciation of God's gift of sexuality and growth in an understanding of sexual love which engender in couples a sense of responsibility to one another and for new life, which they have the power to create.

## **BACKGROUND OF SERVICES :**

The centre is engaged in different kinds of activities, all aimed at bettering the conditions of Family Life among the Families in Tamil Nadu. The five sections of the TNFLC are :

1. Family Life Education
2. Pre-marriage Preparation
3. Natural Family Planning
4. Counselling
5. Pro-life activities ( anti-abortion Programmes )

The first three sections are actively functioning, pro-life activities commenced since December 1979.

The Centre engages in education and training programmes, orientation and evaluation seminars, documentation and research programmes in the various disciplines mentioned above.

## **ORGANIZATION OF THE N. F. P. SECTION :**

The Centre is headed by the Director, and is assisted by NFP programme co-ordinators, animators and Diocesan supporting staff.

The Regional Director with the Programme Co-ordinators and Animators function to implement and review the NFP programme, Liaison between the Centre and Diocesan Centres is maintained by the Diocesan Directors and Co-ordinators.

There are 13 Diocesan Family Life Centres, each under the control of the Diocesan Director. He is assisted for the NFP Programme by the NFP Co-ordinator, and Diocesan extension staff ( facilitators ).

The Regional Centre is entrusted with the work of providing NFP services, at the Diocesan level, arranging training programmes for the staff and supervising the work at the field level.

In rural areas the work is entrusted to the facilitators. The parish (rural) centres under the facilitators, are directly under the supervision of the Diocesan Co-ordinators. The link between the Diocesan Centre and sub-centres are maintained by the facilitators.

# DIAGRAM I - REGIONAL FAMILY LIFE SERVICES - TAMIL NADU PARISH CENTRES

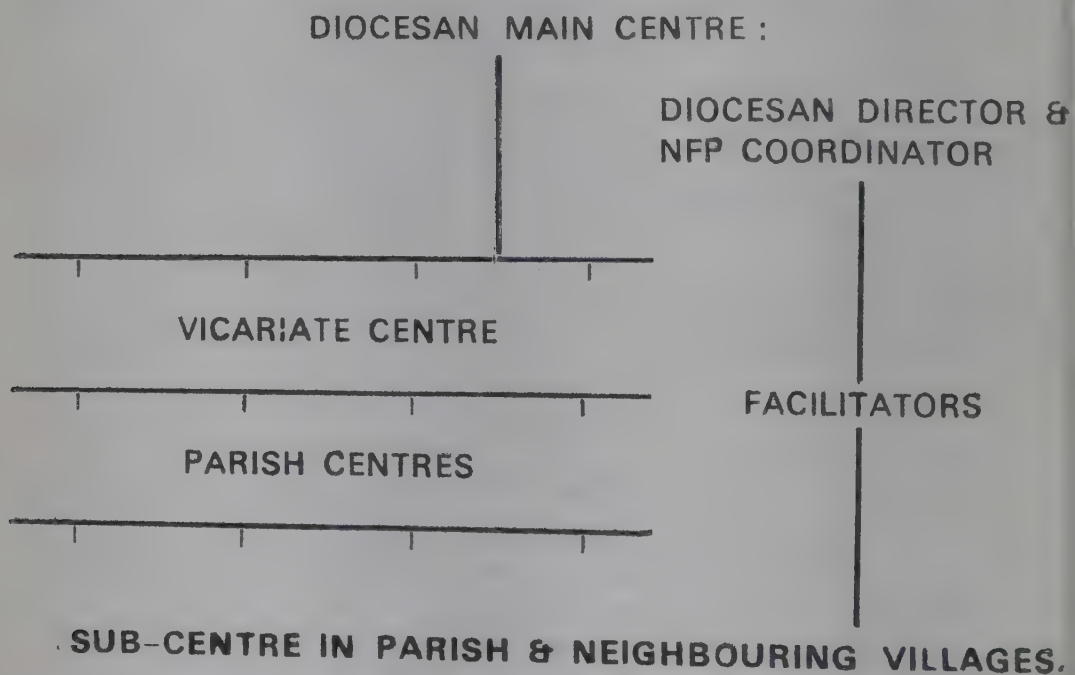
<hr/> Motivation Sessions Distribution of Motivation Literature <hr/>	<hr/> Sub - Centre e. g. Hospital or Dispensary <hr/>
<hr/> PARISH CENTRE ACTIVITIES <hr/>	<hr/> Same Activities as Parish Centre  Contact through Prenatal Clinics Postnatal Clinics Fertility Clinics Talks to inpatients Talks to outpatients MCW Programme Community Health & Development Programme <hr/>
<hr/> Contact Clients & Follow - up <hr/>	<hr/> Field work in local and Neighbouring Villages <hr/>



## DIAGRAM II – REGIONAL ORGANIZATION N. F. P. PROJECT

S. W. ZONE	EAST ZONE	CENTRAL ZONE	NORTH ZONE
4 Dioceses	3 Dioceses	3 Dioceses	3 Dioceses

### ORGANIZATION OF EACH DIOCESE WITH REGARD TO N. F. P.



### **NFP WORKERS-SELECTION & TRAINING STAFFING :**

For an effective NFP Programme implementation, it is imperative that qualified staff are posted at various levels of the organization. The number of NFP Centres alone cannot give a complete picture of the administrative set up, since all these centres need not necessarily be adequately staffed. All the field workers are non-medical persons. Of the 30 field workers, 12 are married and 18 unmarried – 9 male workers and 21 female workers.

## **TRAINING :**

The Regional Centre offers training of all N. F. P. staff for the Region. The staff team of the training programme have the facility of having basic training and field work experience, advanced course as NFP Tutors, and also the training of volunteer groups as NFP workers.

The type of training received influence the NFP worker. A trained staff member not only knows the best way to approach the clients and to motivate them, but also has more confidence to cope with difficult situations.

A Questionnaire was sent to the 30 workers regarding confidence in the methodology. All 30 replied – 25 workers believed in NFP and 26 had confidence in NFP. Five and four workers did not reply.

## **PRE-REQUISITES FOR SELECTION OF STAFF :**

- a. For the method to be taught correctly it is essential that teachers should be well motivated, confident in the method, as a successful and sole means of Family Planning.
- b. Should be willing, enthusiastic and dedicated to the success of the method and the total welfare of couples being instructed.
- c. Should be meticulous in providing full instruction and adequate follow up services.
- d. Must recognize the responsibility involved including the need for complete confidentiality.
- e. Must have the capacity to impart their knowledge to others and inspire confidence.
- f. Must demonstrate the aptitude to read and interpret charts correctly.

## TRAINING PROGRAMME: OUTLINE AND USE :

Since NFP relies on 'Education' in its delivery system, materials which promote knowledge, serve not only the needs of the programme but what is more essential, is the awareness of the responsibility of marriage and a personal understanding of family life.

### THE CURRICULUM INCLUDES :

- a. Instructional items fundamental to the understanding of Family Planning and NFP in particular.
- b. Knowledge of reproductive physiology and fertility awareness.
- c. Development of the three distinct methods of NFP.
- d. Methodology (in detail) of the Ovulation Method.
- e. Client follow up system.
- f. Local organization and reporting.

Within each sequence of topics the contents have been arranged in a logical sequence, but this sequence is not rigid. Thus the individual instructors are free to follow a different order of instructions. However, the sequential order of subjects is best kept intact since each succeeding section adds to information already presented and learned by the trainees.

Instructional visual aids such as charts, slides, film strips are chosen to correspond to individual content items.

During the training, the trainees have group discussions, workshops, case studies, field work, offering opportunity to clarify doubts and to re-enforce correct responses.

Furthermore to ensure correct and accurate understanding of lessons, they are evaluated by oral and written tests.

Peer evaluation and practice teaching sessions form an essential part of the training.

Final evaluation of the trainees competence remain with the instructor team.

## PROGRAMME IMPLEMENTATION OUT REACH APPROACH AND WORK-STYLE

An important factor which may affect the performance of a NFP worker is the work style. This includes area of work assigned, locating couples, method of approach, number of visits to the couple, of motivation and importance attached to the follow up visit to the clients.

### AREA OF WORK :

Each worker is assigned approximately one district with an approximate population of one hundred thousand (100,000).

TABLE I.

TABLE SHOWING THE MOTIVATION TECHNIQUES  
ADOPTED BY THE NFP WORKERS

TECHNIQUES	LIST IN ORDER OF PRIORITY				
	(1)	(2)	(3)	(4)	(5)
1. Discussions	4	13	—	6	7
2. Meetings	13	9	1	6	1
3. Exhibitions	2	6	2	4	16
4. Seminars	5	—	12	13	—
5. Films/slides	6	2	15	1	6



The method of approach and technique adopted by the NFP worker in motivating couples varies from place to place. In general the group approach in form of discussions, meeting, exhibitions, seminars and films/slides were significantly higher than individual motivation sessions. Apart from techniques, many of the workers are assisted in promotional work by satisfied acceptors speaking of NFP to their neighbours. Percentage of techniques was through exhibitions, while films / slides were next and seminars, meetings, discussions were next in priority. Such a difference in approach not only indicates better harmony and co-operation among the workers, but also complimentary efforts and efficiency in performing their jobs.

TABLE II.

TABLE SHOWING THE TOPICS THAT WERE GENERALLY DISCUSSED WITH THE CLIENTS DURING THE FIRST MOTIVATIONAL VISIT

TOPICS	LIST IN ORDER OF PRIORITY						
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
1. General talk on the Family	20	—	9	1	—	—	—
2. Economic conditions Price rise, etc	1	14	8	7	—	—	—
3. General talk on Health	4	1	6	4	15	—	—
4. About FP - NFP	4	8	—	4	8	1	5
5. Social Life	1	1	7	4	1	15	1
6. Antenatal care	—	—	—	6	2	13	9
7. Postnatal care	—	6	—	4	5	—	15

The general approach has been to speak on general topics on the family while topics such as social life, antenatal care, post natal care, health and economic conditions were used next in priority. Such topics may be of greater interest to the women / couple and it may help in breaking the ice and creating a better atmosphere for taking up the subject of NFP.

## THE OVULATION METHOD :

**TEACHING:** The methodology of teaching couples the Ovulation Method was in accordance with the orthodox teaching of the Ovulation Method – Ovulation Method Reference Centre – Melbourne ( Australia).

**CHARTING:** The charting of the method (observations) have been adapted to local conditions. The woman is asked to keep a daily record of her observations, with a red and green pencil, on a small chart with a complete description of the mucus pattern (emphasis being laid on quality and type of mucus). The supervising teacher keeps a duplicate chart. Red indicates menstruation or spotting, green indicates dry day, a stick figure indicates mucus day. The peak day is marked with an X.

Illiterate women, mark with colours and with either a vertical or horizontal line which indicates the quality and type of mucus. The record is marked at night. This manner of recording helps the husband and wife to identify the state of fertility or infertility of the wife.

The woman is reminded that each menstrual cycle is an individual cycle. She is taught not to match any two cycles. She records what she observes and follows the rules of the method.

The couple is encouraged to maintain their chart until they become confident of the method under the guidance of a competent NFP teacher. However they are encouraged to maintain their charts for minimum of one to two years after which they become autonomous.

From the follow up with couples who have accepted NFP all the 30 field workers maintain regular records, duplicate charts as regards follow up procedure for the individual acceptor. The follow up procedure is maintained on an individual basis. This follow up is maintained every 15 days for three (3) months and later once a month for nine (9) months. This manner of follow up could also be an important reason for better performance and facilitates continuity rate of the acceptor and also success with regard to using the NFP method.

## **REPORTING SYSTEM :**

An outstanding feature of the programme is the continued interest in the frequent evaluation of its efforts. The key to this evaluation process has been the monthly reporting of the diocesan centre's data which are processed and consolidated at the Regional Centre.

Started in 1976, the system now works basically as follows: Each month every centre in the programme sends one copy of its report to the Diocesan Centre, which in turn sends the consolidated report of the workers to the Regional Centre. At the Regional Centre the data is processed and tabulated. The late reports are included in the cumulative figures of the next month's tables. The system works well.

## **WORKING RELATIONS BETWEEN EXTENSION WORKERS AND DIOCESAN AND REGIONAL CENTRE :**

It is essential for the efficient functioning of the organization that there must be good relationship between the Diocesan/Regional Centre and subordinate. This good relationship generates team spirit which is necessary in the organization and facilitates maximum results being achieved.

## **FREQUENCY OF CONTACT WITH LOCAL CENTRE :**

Along with detailed information on duty performance and work progress, each facilitator is in contact with the local diocesan centre every month. The field visits of the co-ordinator facilitates supervision. The frequency of contacts also helps to narrow down communication gaps and facilitates better understanding. Furthermore, the programme animators from the Regional Centre visit each facilitator and field - spot once in two to three months.

The periodic and regular reporting systems facilitate data collection and maintains the stability and continuity of work.

Each worker visits the Regional Centre once a year, while the co-ordinators maintain more contacts directly with the Regional Centre which facilitates better implementation of the project.

## **REACTION OF PEOPLE TO NFP WORKERS :**

The functioning of a change agency will be relatively easier and more effective in an area where the people are co-operative aware and interested, in comparison to an area where people are not receptive or even hostile. It is a two-way process. Change agencies try to help society and in turn, they themselves are influenced by it. A number of questions were asked of the NFP worker to assess the degree of cooperation they received and degree of rapport they had established between / with the people.



TABLE III.

## TABLE SHOWING REACTION OF PEOPLE TO NFP WORKERS

REACTION	Number	Percentage
Well received	29	96.7
Not well received	1	3.3
Hesitant in talking to NFP workers	5	16.7
Not hesitant in talking to NFP workers	21	70.0
Shy in discussing NFP	7	23.7
Not shy in discussing NFP	23	76.7
Cooperative and helpful	29	96.7
Not co-operative and helpful	1	3.3
Respect NFP workers	25	83.3
Do not respect NFP workers	5	16.7

Table III indicates that a larger number of workers were well received by the people irrespective of being male or female worker. The workers find that couples do not hesitate in either talking or discussing the matter of NFP. Most of the workers found them helpful and co-operative and found a definite response with regard to the clients accepting and /or using NFP. It was not difficult to assess the clients and people did respect the NFP worker at the village level.

## **JOB SATISFACTION :**

After a period of one year the attitude of the field worker was assessed through means of a questionnaire. The sustained motivation can be attributed to: (1) Type of training received and (2) Regular contacts and periodic follow up of the workers themselves receiving encouragement and corrections for better performance of work. The answers to the questionnaire revealed that 27 of 30 facilitators find their work a success, 29 find job satisfaction, while all 30 find personal satisfaction, with regard to the teaching of NFP.

## **INVOLVEMENT OF OTHER ORGANIZATIONS :**

To spread the idea of NFP, and to give the programme wide publicity not only among those who are easily accessible, but to create awareness among all sectors of people such as teachers, womens welfare organizations, school programmes, health programmes, form a distinct avenue for implementation and action.

## **CONCLUSION :**

Despite the various limitations especially finance and personnel, with an effective set up both at the Regional and Diocesan levels, the NFP programme has reached out to the masses.

## **SECTION III.**

### **SOCIO-ECONOMIC CONDITIONS OF THE ACCEPTORS**

Acceptance of Natural Family Planning depends to a large extent on the socio-economic conditions of the acceptors. The main approach of the NFP programme is to bring about "Human Development" through a comprehensive, integrated, multidimensional, positive and simultaneous approach. Hence implementing an NFP programme requires knowledge of the place, people, customs, traditions, life-style and socio-economic conditions of the locality.

The six (3) dioceses selected for the study covered an area of 82,825 square kms. with a population of 14,326,392 persons.

The predominant occupation of the people is agriculture, while in the areas of Tuticorin it is fishing, dry farming, salt and palymrah industry. The Nilgiris of Ootacamund it is working in the tea-estates. The more industrialized areas of Coimbatore, the predominant occupation is factory workers, mill labourers and agriculture.

The following analysis is based on the characteristics of the acceptors, with respect to religion, age, number of children, educational level, income, literacy and rural-urban residence.

### RELIGION :

The question is often raised as to which religious group favours NFP more than the others. Hence an analysis on this aspect is important. We find that while (68.2%) Christians adopt NFP, there is (29.2%) of Hindus and (2.6%) Muslims. The reason behind this is not merely a religious motive, but many couples instinctively feel they should not do so, or dislike the use of anything artificial. This applies to Hindus and Muslims as well.

TABLE IV

TABLE SHOWING THE RELIGION OF THE ACCEPTORS

RELIGION	NO. OF CLIENTS	PERCENTAGE
Christians	682	68.2
Hindus	292	29.2
Muslims	26	2.6
TOTAL	1000	100.0

## AGE AND NUMBER OF CHILDREN :

Fertility is generally high among married women particularly between the 20-30 age group as compared to other age groups. The following table indicates that the majority of women between ages 26-30 (34.1%) have accepted NFP while the husbands are in the age group of 31-35 (31.3%). It is advantageous that the younger the couple is the better it would be for them to adopt NFP as a method of birth regulation.

TABLE V

TABLE SHOWING THE AGE OF THE ACCEPTORS

AGE	NO. OF CLIENTS		PERCENTAGE	
	Wife	Husband	Wife	Husband
15-20	70	3	7.0	0.3
21-25	266	62	26.6	6.2
26-30	341	255	31.1	25.5
31-35	177	313	17.7	31.3
36+	146	367	14.6	36.7
TOTAL	1000	1000	100.0	100.0

## ACCEPTORS OF NFP :

The largest percentage of acceptors, 23.4%, are those couples who have two children, while those with one or three rank next, i.e. 19.6% and 19.4%, respectively. Hence from the point of view of the programme impact on the fertility level—a greater number of



lower parity women have accepted NFP. All women who had three or more children adopted the Ovulation Method, irrespective of their ages, and whether they were rural or urban. This shows that all women in the study were motivated to the small family norm.

TABLE VI

TABLE SHOWING THE NUMBER OF CHILDREN OF ACCEPTORS :

CHILDREN	NO. OF CLIENTS	PERCENTAGE
0	148	14.8
1	196	19.6
2	234	23.4
3	194	19.4
4	102	10.2
5	63	6.3
6	25	2.5
7+	38	3.8
TOTAL	1000	100.0

## EDUCATION :

About 12.9% women and 6.7% men had no formal education. Those with primary level were 13.1% and 7.2% respectively. Those with matriculation or higher education were among the highest number of acceptors: 45.6% and 60.1% respectively.

TABLE VII

TABLE SHOWING THE EDUCATION OF ACCEPTORS :

EDUCATION	NO. OF CLIENTS		PERCENTAGE	
	Wife	Husband	Wife	Husband
No education	129	67	12.9	6.7
1-5	131	72	13.1	7.2
6-10	284	260	28.4	26.0
11+	456	601	45.6	60.1
TOTAL	1000	1000	100.0	100.0

**LOCATION :**

The available data indicated the nature of the residential status of the acceptors. All those residing in Urban areas were classified as urban acceptors, while those residing in rural were classified as rural, and slum areas were classified as urban slum.

Of the 1000 couples that adopted NFP, there were 54.1% rural couples, the highest representation as compared to both urban and urban slum dwellers, which were 29.2% & 19.7% respectively.

**TABLE VIII**

**TABLE SHOWING RESIDENTIAL STATUS OF ACCEPTORS :**

LOCATION	NO. OF CLIENTS	PERCENTAGE
Urban	262	26.2
Urban slum	197	19.7
Rural	541	54.1
TOTAL	1000	100.0

## INCOME :

Couples with a low income accept NFP more easily than those with a higher income. 38.6% of the clients with a monthly income ranging between Rs. 200-400 have accepted NFP and 25.7% of couples with an income of less than Rs. 200 (i. e. Rs. 1-200) have also accepted NFP.

TABLE IX

TABLE SHOWING INCOME OF ACCEPTORS

INCOME	NO. OF CLIENTS	PERCENTAGE
1-200	257	25.7
201-400	386	38.6
401-600	207	20.7
601 +	150	15.0
TOTAL	1000	100.0

## CONCLUSION :

NFP is more appealing and accepted by a larger rural population and by couples of the lower income group. Illiterate couples can also be taught to follow the method with success.



## SECTION IV

### ACCEPTABILITY AND CONTINUITY RATE OF NFP

In the preceeding chapters the overall effectiveness and impact of the NFP was highlighted. This section will focus on the results obtained from the (specific) use of the Billings Ovulation Method for a period of one year.

#### PURPOSE FOR USING NFP :

The first 1000 couples who adopted NFP were enlisted into the study. Of these, 187 were using the method with the deliberate choice of achieving pregnancy. Of these, 148 couples has no children for several years of married life, and 39 and only one child.

Of the 813 who were using the method for avoiding pregnancy, 464 were using the method for spacing pregnancy and 349 for limiting the number of children, as they and arrived at the desired family size.

TABLE X

TABLE SHOWING PURPOSE OF USING NFP.

PURPOSE	NO. OF CLIENTS	PERCENTAGE
Achieving pregnancy	187	18.7
Spacing	464	46.4
Limiting	349	34.9
TOTAL	1000	100.0

## PREVIOUS METHODS USED :

During the extension programme the facilitators had come across any couples who were dissatisfied with artificial methods, or after being instructed in NFP, opted for the use of NFP as a method of birth regulation. The greater percentage of adapters, 94.1% were not using any method of birth regulation and to them the Ovulation Method offered a very effective solution.

TABLE XI

TABLE SHOWING PREVIOUS METHODS USED BY ACCEPTORS :

METHOD	NO. OF CLIENTS	PERCENTAGE
Condom	27	2.7
Loop	4	0.4
Pills	10	1.0
Rhythm	6	0.6
Others	12	1.2
No method	941	94.1
TOTAL	1000	100.0

Among the couples using NFP for spacing / limiting pregnancy were included women who were (a) lactating (breast-feeding), (b) resumed normal menstrual cycles while breast-feeding, (c) women in pre-menopause situation.

TABLE XII

TABLE SHOWING SPECIAL SITUATION OF ACCEPTORS :

SPECIAL SITUATION	NO. OF CLIENTS	PERCENTAGE
Lactation	195	19.5
Re-establishment of normal menstrual cycles	50	5.0
Pre-menopause	13	1.3
TOTAL	258	25.8

#### PERIOD OF USE OF THE OVULATION METHOD :

Of the 1000 acceptors, 187 couples were using the method for achieving pregnancy.

Of the 813 couples who were using the method for postpoing or limiting pregnancy, 9 couples discontinued the method after 2, 3, 4 and 6 months of use – of these 3 women became pregnant, and 6 did not want to use the method.

TABLE XIII

TABLE SHOWING THE CONTINUATION RATE FOR 813 COUPLES  
USING THE OVULATION METHOD FOR POSTPONING  
PREGNANCY :

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ORDINAL MONTH	CONTINUATION RATE FOR COUPLES USING THE METHOD TO POSTPONE PREGNANCY
1	100.00
2	99.88
3	99.76
4	99.64
5	99.52
6	99.52
7	99.52
8	99.52
9	99.52
10	99.52
11	99.52
12	99.55

---



## DROP OUTS: (REASONS)

The reason for drop - outs are :

1. In three cases it was due to uncooperative husbands who did not like the method.
2. Three couples did not want to use the method for no specific reason.
3. Three women became pregnant during the second, thrrd and fifth month.

TABLE XIV.

TABLE SHOWING PREGNANCY RATE FOR OM ACCEPTERS :

ORDING RATE	PPEGNANCY RATE
1	—
2	.12
3	.12
4	—
5	.12
6	—
7	—
8	—
9	—
10	—
11	—
12	—

Due to the study including various categories of woman, i.e., normal menstrual cycles, lactating women, pre-menopause women, the pregnancy rate using the Pearl Formula has been applied, calculating the same with ordinal months for one year.

### USE - EFFECTIVENESS OF THE METHOD:

Of the 813 women using the method to postpone pregnancy, there were three pregnancies.

$$\text{Hence pregnancy rate: } \frac{\text{No. of pregnancies} \times 1200}{\text{No. of Cycles}}$$

$$\text{i.e., } \frac{3 \times 1200}{9756} = .37 \text{ per 100 woman years}$$

Use Effectiveness: 99.63 %

Method Effectiveness: 100 %

### INVESTIGATION OF PREGNANCIES:

All the three (3) pregnancies that occurred were user related pregnancies, as the couples had coital relations during the early days of the fertile time.

### USING THE OVULATION METHOD TO ACHIEVE PREGNANCY:

There were 187 couples using the method to achieve pregnancy. Of these 86 women became pregnant during the one year.

The following table indicates the months of use after using the Ovulation Method, the women became pregnant.

TABLE XV.

TABLE SHOWING PREGNANCIES ACHIEVED BY COUPLES  
USING THE OM :

ORDINAL MONTH	PREGNANCY RATE
1	14
2	21
3	13
4	14
5	6
6	8
7	3
8	1
9	3
10	1
11	1
12	1

## IMPACT OF NFP ON THE MARRIED LIFE OF COUPLES :

1. "I feel it is a must for every couple to adopt NFP. I am following the method for nearly one year and wish that every family could experience the same joy and peace NFP has brought to my family".
2. "I wish to express my gratitude to the NFP workers, who have shown keen interest in the welfare of my family. Unlike other methods of family planning I have found this method more reliable and easier to adopt. It has contributed very much to harmony in my married life."
3. "After following the Ovulation Method. I have no worry whether conception takes place or not. The family is happier."

These testimonies have been taken from the couples who were enlisted into the study, and they also testify to the experience of other couples.

Many couples who were initially hesitant in following the method (as assessed by the NFP workers) have gained confidence after a few months of use of the method.

TABLE XVI.

TABLE SHOWING ASSESSMENT OF CLIENTS USING NFP :

REPLIES OF WORKERS	NUMBER	PERCENTAGE
Hesitant	27	90
Not Hesitant	3	10
TOTAL	30	100



From the above table the workers reported that the couples were hesitant before using NFP, while three stated that the couples were not hesitant. However from the replies received from the workers, there is clear evidence of the swing of the pendulum from hesitancy at the initial stage of following NFP to satisfaction after having used the method for a period of one year, The obvious reason being the the couples have gained both experience and confidence in using the method.

## **CONCLUSION :**

The Ovulation Method has a wide acceptability, continuity and success rate. Apart from the over-all effectiveness, the method has contributed to :

1. Emotional security while using the method.
2. Fostering marital earmony and mutual respect.
3. Promoting dialogue between the couples.
4. Responsible parenthood.

## **SECTION V**

### **SUMMARY OF THE MAJOR FINDINGS**

This section presents a summary of the major findings of the study undertaken.

Some of the limitations and implications have been examined for wider promotion of NFP. Experience indicates that unless more workers are employed and communication facilities improved, the programme will not be able to spread as desired or expected.

In the course of this section suggestions are offered to meet to some extent the limitations that hinder the spread of NFP.

## **SUMMARY OF MAJOR FINDINGS :**

1. NFP appeals to couples irrespective of religion and socio-economic status.
2. Lack of formal education is not a barrier to the acceptance of NFP.
3. NFP is preferred by younger age group couples and those with 2-3 children and accepted as a best method for spacing pregnancies.
4. NFP is more acceptable to people in rural areas.
5. When a Total Education approach is fostered, couples are well motivated to use NFP, which consequently results in high continuity and succes rates.
6. There is preferance of NFP by couples who were using other technical methods of Family Planning.
7. Method has bœen satisfactorily and successfully used by women in different phases of reproductive physiology.
8. There is positive and beneficial effect of NFP on the marriage and family life of the couple.

## **LIMITATIONS :**

The success of a programme depends on good organization, adequate and competent staffing. In reference to the present programme, while there is efficient organization the maximum turn out in terms of greater number of Couples to be reached was not possible due to :

1. Inadequate number of full time staff and adequate remuneration.
2. Distances to be covered from one village to the other.
3. Lack ot transport facilities in remote areas, hence much distance has to be covered on foot.

4. Occupation of people – In villages where agriculture is the main occupation, many women / couples go to the field during the day and can be met only late in the evenings. The same problem arises during times of harvest.
5. Lack of adequate communication media and publicity.
6. Lack of adequate literature, research material and research personnel.
7. Non co-operation and frank opposition in certain areas with Government personnel.
8. The large percentage of couples who have been sterilized.
9. Socio-economic conditions of people.
10. Resistance in town and city areas to Natural Family Planning.
11. Limited resources for developing motivation techniques.
12. Non co-operation and lack of adequate and correct information among medical Doctors on scientific development in Natural Family Planning.
13. Lack of associated benefits e. g., health, nutrition programmes to the acceptors of NFP.
14. Lack of proper approach to NFP, hence the spread of incorrect concepts regarding NFP.

### **SUGGESTIONS :**

1. Need for intensifying the programme at the various levels; Field level, Diocese, Regional Centre :—

This will necessarily involve the need for recruiting more personnel and finance for paying the personnel adequately. This is essential because : (a) Distances to be covered by the worker to identify couples, (b) Time to be spent with individuals both

for initial and follow up contacts, (c) The promotion of NFP does not depend on a technical device to be sold or promoted but essentially a relationship to be established between husband and wife and couple and NFP Teacher. Hence the programme cannot be time bound and target oriented. The only target is the couple's welfare.

2. Success of methodology depend on adequate motivation and correct teaching of method. Hence if a couple is well motivated they will be motivated to make a success of the method for themselves.
3. The same applies to the Diocesan and Regional set up-adequate staff, and adequate salaries for better performance.
4. Need for more publicity with regard to NFP programmes.
5. NFP should be integrated with other welfare, development and health projects.
6. Total Education Approach instead of a myopic approach of birth limitation or population control.
7. New communication methods to be developed to bridge the communication gaps at the field level
8. Improving research materials and literature
9. Creating greater awareness about the side effects of contraception, sterilization and abortion.
10. Introducing Education in Human Sexuality programmes in Educational Institutions.
11. Fostering 'Total and Integrated Approach' programmes to marriage and family life.
12. Education of Medical Doctors and Nurses with regard to newer developments in Natural Family Planning.

## FUTURE PLANS :

It is desired that this Centre (T. N. F. L. C.) would explore needs and possibilities for :

- 1 Expansion and intensification of NFP services with regard to :
  - (a) Education in Human Sexuality Programmes (F. L. E. programmes) in Educational Institutions.
  - (b) Pre-Marriage courses.
  - (c) Natural Family Planning.
  - (d) Counselling.
  - (e) Pro-Life Activities.
  - (f) Family Development Projects
2. Better public relations through a public relation officer,
3. Research in Audio Visual Techniques and other communication.
4. Regular dissemination of activities of TNFDC through the News-Exchange (News-Letter).
- 5 Education of Doctors and Medical students through the Tamil Nadu Branch of the World Federation of Doctors who respect Human Life.
6. Establishment of Regular Training Courses, Diploma Courses in the 6 Disciplines mentioned under (Refer No. 1).
7. Establishment of a Training Institute, Research Centre in Family Action programmes.
8. To undertake Research projects related to the psychological, sociological and chemical dimensions in NFP.

The future with regard to Family Action Programmes offers tremendous possibility and scope for development and action. Above all, our (T. N. F. D. C.) aim is to enhance the Quality of Family Life through our far flung apostolic endeavours for "We have placed our trust in Love" – Our Motto.



## ABOUT THE AUTHOR

Dr. Catherine Bernard, born in India and a member of the Sisters of The Cross (Chavanod, France), is a graduate of St. John's Medical College, Bangalore (India). Dr. Bernard studied in Australia under Dr. John Billings, the pioneer of what is today known as the Ovulation Method – recently evaluated by the World Health Organization. On her return Dr. Bernard was placed in charge of a hospital near Madurai (India).

Dr. Sr. Bernard has been invited to read scientific papers in several National and International Conferences. She has travelled widely in Australia, U. S. A., Central America, Europe, Africa, Asia and her own land, India, participated in T. V. Interviews, Press reports and lecturing on Natural Family Planning and assisting several countries and dioceses in the training of teachers and organisation of NFP (Natural Family Planning) facilities. She was also interviewed by Radio Vatican during one of her visits in Europe.

Dr. Bernard has addressed several Episcopal Conferences of Bishops in India and abroad. Dr. Bernard now is Director of the Tamil Nadu (Regional) Family Development Centre. In her experience has found that the Natural Methods of Family Planning are acceptable to all sections of the people and all communities. Her research findings (papers) testify to the same.

Dr. Bernard has held important offices both in India and abroad: Vice-President of The Catholic Hospital Association of India – and Advisor to the Dept. of Responsible Parenthood in the same organization; Vice-President of the Natural Family Planning Association of India; Board Member of the Tamil Nadu Voluntary Health Association of India. Along with the above office she was a member of the Advisory Board of the Population Action Council. Population Information Program for George Washington University.

Washington, D. C., USA. Dr. Bernard was a Board Member of The Commission for the Family and Laity of the Episcopal Conference of Bishops of India ; Visiting Professor at major seminaries in India with regard to the Family Pastoral Services ; Visiting Staff to The National Biblical, Catechetical and Liturgical Center, India. She is presently member of The World Federation of Doctors who Respect Human Life, Belgium (Europe) and WOOMB International (World Organization Ovulation Method – Billings.)

She has now been appointed to the Faculty as Visiting Professor to The John Paul II International Institute for Marriage and The Family - Rome.

She is Author of the following Books :-

1. Family Planning Guidance
2. Natural Family Planning Training Manual
3. Manual for Teacher of the Ovulation Method







